| Entity Name: NSB CAPS, INC.  |  |                 | Secretary of State<br>CC2184939906 |
|--|--|-----------------|------------------------------------|
| Current Principal Place of Business:   |  |                 |                                    |
|  |  |                 |                                    |
| NEW SMYRNA   | BEACH, FL 32168                          |                 |                                    |
| Current Mailing Address:   |  |                 |                                    |
| PO BOX 1808  |  |                 |                                    |
| NEW SMYR   | NA BEACH, FL 32170-1808                  |                 |                                    |
| FEI Number: 59-3298590   |  |                 | Certificate of Status Desired: Yes |
| Name and Address of Current Registered Agent:  |  |                 |                                    |
| SAPPINGTON, SUSAN<br>1400 PALMETTO ST<br>NEW SMYRNA BEACH, FL 32168 US   |  |                 |                                    |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |  |                 |                                    |
| SIGNATURE  | SUSAN SAPPINGTON                         |                 | 01/15/2017                         |
|  | Electronic Signature of Registered Agent |                 | Date                               |
| Officer/Director Detail :  |  |                 |                                    |
| Title  | CHAIRMAN                                 | Title           | TREASURER                          |
| Name   | PETERSON, CARISSA                        | Name            | SAPPINGTON, SUSAN                  |
| Address  | 472 OLD MISSION RD                       | Address         | 1400 PALMETTO ST                   |
| City-State-Zip:  | NEW SMYRNA BEACH FL 32168                | City-State-Zip: | NEW SMYRNA BEACH FL 32168          |
| Title  | OTHER                                    | Title           | SECRETARY                          |
| Name   | LANE, SHAWN                              | Name            | GINTZ, SHANNON                     |
| Address  | 2411 GLENMORE CT                         | Address         | PO BOX 1808                        |
| City-State-Zip:  | NEW SMYRNA BEACH FL 32168                | City-State-Zip: | NEW SMYRNA BEACH FL 32170-1808     |
| Title  | VC                                       |                 |                                    |
| Name   | FAUDIE, BYRON                            |                 |                                    |
| Address  | 1792 COLLEGE PARK DR                     |                 |                                    |
|  |  |                 |                                    |

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004933

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN SAPPINGTON

City-State-Zip: TAVARES FL 32778

TREASURER

01/15/2017

Electronic Signature of Signing Officer/Director Detail

FILED Jan 15, 2017 **Secretary of State** 

Date