

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90045 050 ****61.25

DOCUMENT # 731346

1. Entity Name
**GREATER NASSAU COUNTY CHAMBER OF
COMMERCE, INC.**



Principal Place of Business
**45383 DIXIE AVENUE
CALLAHAN, FL 32011 US**

Mailing Address
**PO BOX 98
CALLAHAN, FL 32011**

2000000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01162008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
23-7430825

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUAILE, PATRICIA
35306 QUAILE ROAD
CALLAHAN, FL 32011**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia Quail*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME QUAILE, PATRICIA
STREET ADDRESS 35306 QUAILE ROAD
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE V ☐ Delete
NAME PRATHER, WENDY
STREET ADDRESS 1900 S 14TH STREET
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE TD ☒ Delete
NAME HORTON, BRANDI
STREET ADDRESS 44677 SWALLOWFORK AVENUE
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE D ☒ Delete
NAME FOWLER, ROBIN
STREET ADDRESS 760 WILLIAM BURGESS RD
CITY-ST-ZIP YULEE, FL 32097

TITLE D ☒ Delete
NAME ROBERTS, TAMMY
STREET ADDRESS ONE WARRIOR ROAD
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE D ☐ Delete
NAME PARDEN, AUDRA
STREET ADDRESS 551 856 U.S. HIGHWAY 1, STE 111
CITY-ST-ZIP HILLARD, FL 32046

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME Milton, John
STREET ADDRESS 5451 Arlington Express Way
CITY-ST-ZIP Jacksonville, FL 32211

TITLE P ☒ Change ☐ Addition
NAME Prather, Wendy
STREET ADDRESS 1400 S. 14th Street
CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE JP ☐ Change ☐ Addition
NAME Michaels, Joe
STREET ADDRESS 371822 Henry Smith Road
CITY-ST-ZIP Hilliard, FL 32046

TITLE JD ☐ Change ☐ Addition
NAME Murphy, Carolyn
STREET ADDRESS 20009 Nolan Jones Rd
CITY-ST-ZIP Hilliard, FL 32046

TITLE D ☐ Change ☐ Addition
NAME Goodell, Chris
STREET ADDRESS 3725 W. Planters Creek
CITY-ST-ZIP Jacksonville, FL 32224

TITLE TD ☒ Change ☐ Addition
NAME Parden, Audra
STREET ADDRESS 551 856 U.S. Highway 1, STE 111
CITY-ST-ZIP Hilliard, FL 32011

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-08

(904)

879-1441