


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90025 044 \*\*\*\*61.25

<b>DOCUMENT # 734315</b> 1. Entity Name <b>NASSAU COUNTY BAR ASSOCIATION, INC.</b>					
Principal Place of Business <b>26 SOUTH FIFTH STREET</b> <b>P.O. BOX 723</b> <b>FERNANDINA BEACH, FL 32034 US</b>			Mailing Address <b>26 SOUTH FIFTH STREET</b> <b>FERNANDINA BEACH, FL 32034 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2892930</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCCRANIE, DANIEL I</b> <b>26 SOUTH 5TH STREET</b> <b>FERNANDINA BEACH, FL 32034</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARVER, JANET A</b> <b>20 S 5TH STREET</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>McKeel, Thomas J.</b> <b>117 Longpoint Drive</b> <b>Fernandina Beach, FL 32034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ALVAREZ, ALEXA K</b> <b>28 S 10TH STREET</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Teresa Sopp</b> <b>96124 Lofton Square Court</b> <b>Yulee, Florida 32097</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KERNAN, ELIZABETH</b> <b>20 S. 5TH STREET</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Jan Carver</b> <b>20 South Fifth Street</b> <b>Amelia Island, FL 32034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>O'CONNER, JAMES PRATT</b> <b>PO BOX 471</b> <b>FERNANDINA BEACH, FL 32035</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>J. Thomas McKeel</i>			<i>Thomas McKeel</i> President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>7/19/04</i> Daytime Phone # <i>904 396 8050</i>		