


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90046 008 ****61.25

DOCUMENT # 734315 1. Entity Name NASSAU COUNTY BAR ASSOCIATION, INC.					
Principal Place of Business 26 SOUTH FIFTH STREET P.O. BOX 723 FERNANDINA BEACH, FL 32034 US			Mailing Address 26 SOUTH FIFTH STREET FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01272005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2892930	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCRANIE, DANIEL I 26 SOUTH 5TH STREET FERNANDINA BEACH, FL 32034				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEEL, THOMAS J			NAME	
STREET ADDRESS	117 LONGPOINT DRIVE			STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPP, TERESA			NAME	
STREET ADDRESS	96124 LOFTON SQUARE COURT			STREET ADDRESS	
CITY-ST-ZIP	YULEE, FL 32097			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, JAN			NAME	
STREET ADDRESS	20 SOUTH FIFTH STREET			STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNER, JAMES PRATT			NAME	
STREET ADDRESS	PO BOX 471			STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
SIGNATURE: J. THOMAS MCKEEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-7-05 <small>Date</small>	
				904 356 8050 <small>Daytime Phone #</small>	