


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 734315</b> 1. Entity Name NASSAU COUNTY BAR ASSOCIATION, INC.	
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Principal Place of Business 26 SOUTH 5TH STREET FERNANDINA BEACH, FL 32034 US	Mailing Address 26 SOUTH 5TH STREET FERNANDINA BEACH, FL 32034 US
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**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2892930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

MCCRANIE, DANIEL I  
26 SOUTH 5TH STREET  
FERNANDINA BEACH, FL 32034

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOPP, TERESA J 96124 LOFTON SQ. CT. YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLIN, MICHAEL S 960185 GATEWAY BLVD., SUITE 203 FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCRANIE, DANIEL I 26 SOUTH 5TH STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'CONNER, JAMES PRATT P.O. BOX 471 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/08-80033-012:61:25

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.

<b>SIGNATURE:</b> 	<b>Daniel I. McCranie</b>	<b>02-21-08</b>	<b>904-216-6838</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #