2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734315

FILED Feb 12, 2009 Secretary of State

Entity Name: NASSAU COUNTY BAR ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 26 SOUTH 5TH STREET FERNANDINA BEACH, FL 32034 US **Current Mailing Address: New Mailing Address:** 26 SOUTH 5TH STREET US FERNANDINA BEACH, FL 32034 FEI Number: 59-2892930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCRANIE, DANIEL I 26 SOUTH 5TH STREET FERNANDINA BEACH, FL 32034 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SOPP, TERESA J FALTEMIER, VALERIE C Name: Name: 96124 LOFTON SQ. CT. Address: 10 SOUTH 7TH ST. Address: City-St-Zip: YULEE, FL 32097 City-St-Zip: FERNANDINA BEACH, FL 32034 Title: VD () Delete Title: () Change () Addition Name: MULLIN, MICHAEL S Name: Address: 960185 GATEWAY BLVD., SUITE 203 Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: () Change () Addition MCCRANIE, DANIEL I Name: Name: Address: 26 SOUTH 5TH STREET Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: SD () Delete Title: () Change () Addition O'CONNER, JAMES PRATT Name: Name: Address: P.O. BOX 471 Address: City-St-Zip: FERNANDINA BEACH, FL 32035 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANIEL I. MCCRANIE TD 02/12/2009