2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 737570

Entity Name: NASSAU OAKS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

56300 NASSAU OAKS DRIVE
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

56049 NASSAU OAKS DRIVE
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 59-1839071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTHSTEIN, SIMON D
4417 BEACH BLVD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: PAETSCH, TIMOTHY
Address: 56007 NASSAU OAKS DR.
City-St-Zip: CALLAHAN, FL 32011 US

Title: CBOD ( ) Delete
Name: JONASSEN, BARBARA E
Address: 56023 NASSAU OAKS DR
City-St-Zip: CALLAHAN, FL 32011 US

Title: T ( ) Delete
Name: PEARSON, SHIRLEY A
Address: 56049 NASSAU OAKS DRIVE
City-St-Zip: CALLAHAN, FL 32011 US

Title: S ( ) Delete
Name: YOUNG, LOVE
Address: 56367 NASSAU OAKS DRIVE
City-St-Zip: CALLAHAN, FL 32011 US

Title: D ( ) Delete
Name: EARICK, VIRGINIA
Address: 56147 COLBY DR.
City-St-Zip: CALLAHAN, FL 32011 US

Title: D ( ) Delete
Name: STUART, PAULA J
Address: 56007 NASSAU OAKS DR
City-St-Zip: CALLAHAN, FL 32011 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: SHIRLEY A. PEARSON T 03/19/2009

Electronic Signature of Signing Officer or Director — Date