

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737570

FILED
Jan 03, 2012
Secretary of State

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:

56300 NASSAU OAKS DRIVE
CALLAHAN, FL 32011 US

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
Name: PAETSCH, TIMOTHY
Address: 56007 NASSAU OAKS DR.
City-St-Zip: CALLAHAN, FL 32011 US

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

Title: T
Name: HERR, BETH
Address: 56204 COLBY DR
City-St-Zip: CALLAHAN, FL 32011 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BETH HERR

TRES

01/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date