

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743423

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE NATIONS ASSOCIATION CHARITIES, INC.

Current Principal Place of Business:

4625 PALM BEACH BLVD.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P O BOX 1060
FT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-1840066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUAREZ, ISRAEL
1745 EMERALD COVE CIR
CAPE CORAL, FL 33991 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: VD () Delete
Name: CASWELL, ROGER
Address: 8727 NOTTINGHAM POINTE WAY
City-St-Zip: FORT MYERS, FL 33912

Title: T (X) Delete
Name: FERRAGI, PETER
Address: 4199 PALM BEACH BLVD.
City-St-Zip: FORT MYERS, FL 33916

Title: SD () Delete
Name: SHEPARD, LUCY
Address: 13881 RIVER FOREST DR
City-St-Zip: FT MYERS, FL

Title: M () Delete
Name: SUAREZ, ISRAEL
Address: PO BOX 50495
City-St-Zip: FORT MYERS, FL 33994

Title: PD (X) Delete
Name: STEELE, THEODORE D
Address: 2150 ROCKFILL RD.
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SGROI, RICHARD
Address: 929 S.W. 8TH PLACE UNIT 201
City-St-Zip: CAPE CORAL, FL 33991

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

Title: STD (X) Change () Addition
Name: SHEPARD, LUCY
Address: 13881 RIVER FOREST DR
City-St-Zip: FT MYERS, FL

Title: PD (X) Change () Addition
Name: SUAREZ, ISRAEL
Address: PO BOX 50495
City-St-Zip: FORT MYERS, FL 33994

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: ISRAEL SUAREZ

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date