


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 749025</b> 1. Entity Name <b>NASSAU COUNTY COMMUNITY DEVELOPMENT CORPORATION</b>	
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Principal Place of Business <b>OLD PECK SCHOOL 11TH ST P O BOX 236 FERNANDINA BEACH, FL 32035 US</b>	Mailing Address <b>P O BOX 236 FERNANDINA BCH, FL 32035 US</b>
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2014562</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MYERS, ANNETTE  
5406 ERVIN 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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALBERT, CHARLES L 612 S 11TH ST FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALKER, IRA 11019 KEY HAVEN BLVD. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALLACE, VERONICA M 1011 WHITE STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARTHUR, JACQUELYN S 3662 BAKER DR YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED MYERS, ANNETTE 5406 ERVIN STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000738265  
01/30/08-80022-008 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.

SIGNATURE Annette M. Myers 1/23/08 904-583-3180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #