

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749025

FILED
Jan 30, 2009
Secretary of State

Entity Name: NASSAU COUNTY COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

OLD PECK SCHOOL 11TH ST
P O BOX 236
FERNANDINA BEACH, FL 32035 US

New Principal Place of Business:

OLD PECK SCHOOL 11TH ST
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

P O BOX 236
FERNANDINA BCH, FL 32035 US

New Mailing Address:

OLD PECK SCHOOL 11TH ST
P O BOX 236
FERNANDINA BEACH, FL 32035 US

FEI Number: 59-2014562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, ANNETTE
5406 ERVIN STREET
FERNANDINA BEACH, FL 32034 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: PD () Delete
Name: ALBERT, CHARLES L
Address: 612 S 11TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD () Delete
Name: WALKER, IRA
Address: 11019 KEY HAVEN BLVD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: WALLACE, VERONICA M
Address: 1011 WHITE STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: ARTHUR, JACQUELYN S
Address: 3662 BAKER DR
City-St-Zip: YULEE, FL 32097

Title: ED () Delete
Name: MYERS, ANNETTE
Address: 5406 ERVIN STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

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:

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: ANNETTE MYERS

ED

01/30/2009

Electronic Signature of Signing Officer or Director

Date