


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90055 047 ****61.25

DOCUMENT # 768929			
1. Entity Name BIG BROTHERS AND BIG SISTERS OF NASSAU COUNTY, INC.			
Principal Place of Business 1014 ATLANTIC AVE FERNANDINA BEACH, FL 32034 US		Mailing Address 1014 ATLANTIC AVE FERNANDINA BEACH, FL 32034 US	
2. Principal Place of Business 516 S. 10th Street Suite, Apt. #, etc.		3. Mailing Address 516 S. 10th Street Suite, Apt. #, etc.	
City & State Fernandina Beach, Fl.		City & State Fernandina Beach, Fl.	
4. FEI Number 59-1643191		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08172004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent POWELL, JOSEPH C M 2413 1ST AVE. K-3 FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JOSEPH C	NAME	
STREET ADDRESS	2413 FIRST AVE #K3	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDRY, VICKIE	NAME	D Tom Oden
STREET ADDRESS	1607 PENBROOK DR	STREET ADDRESS	1889 Ocean Village Drive
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	Fernandina Beach, Fl. 32034
TITLE	PED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODEN, TOM	NAME	
STREET ADDRESS	1889 OCEAN VILLAGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEE, KATHRYN	NAME	
STREET ADDRESS	69 MARSH CREEK ROAD	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODBREAD, CLYDE	NAME	
STREET ADDRESS	837 TARPON AVE	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, FRANK	NAME	
STREET ADDRESS	1448 IAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joseph C Powell</i>		Date: 8/17/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	