2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# 769974

Entity Name: NIX FAMILY FOUNDATION, INCORPORATED

Current Principal Place of Business:

16 1/2 NORTH 14TH STREET
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5
BRUNSWICK, GA 315210005 US

New Mailing Address:

FEI Number: 85-9228971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELLIOTT, KIMBERLY S
16 1/2 NORTH 14TH 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:	C	( ) Delete
Name:	NICKS, DAVID	
Address:	373086 KINGS FAIRY RAOD	
City-St-Zip:	HILLIARD, FL 32046	
Title:	D	( ) Delete
Name:	PARK, BETH	
Address:	30 SOUTH 3RD STREET	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	T	( ) Delete
Name:	BRELAND, JOYCE E	
Address:	PO BOX 5	
City-St-Zip:	BRUNSWICK, GA 31521	
Title:	D	( ) Delete
Name:	TURNER, MARY N	
Address:	1119 OLD CATE ROAD	
City-St-Zip:	BRUNSWICK, GA 31525	
Title:	D	( ) Delete
Name:	HARRISON, CONNIE G	
Address:	P.O. BOX 1699	
City-St-Zip:	DARIEN, GA 31305	
Title:	D	( ) Delete
Name:	DIXON, KIMBERLIE D	
Address:	103 TOUCHSTONE DRIVE	
City-St-Zip:	BRUNSWICK, GA 31525	

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:	D	(X) Change ( ) Addition
Name:	TAYLOR, CHARLA J	
Address:	207 PROMISE LANE	
City-St-Zip:	BRUNSWICK, GA 31525	
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: JOYCE E BRELAND T 07/11/2008

Electronic Signature of Signing Officer or Director — Date