

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007023

FILED
Jan 21, 2008
Secretary of State

Entity Name: GREATER NASSAU WOMEN'S SERVICES, INC.

Current Principal Place of Business:

2227 SADLER ROAD
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15454
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, RICHARD
1497 RAINBOW ACRES RD.
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

CHAPMAN, RICHARD
95605 RAINBOW ACRES RD.
FERNANDINA BEACH, FL 32034 US

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:

01/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BC () Delete
Name: CONLON, JOANN
Address: 96097 OYSTER BAY DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DV () Delete
Name: PORTER, KEN
Address: 2625 LONG BOAT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DS () Delete
Name: TOBIN, MARY ANN
Address: 95232 CAPTAINS WAY
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DT () Delete
Name: CHAPMAN, RICHARD
Address: 1497 RAINBOW ACRES RD.
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:

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: RICHARD J. CHAPMAN

TRES

01/21/2008

Electronic Signature of Signing Officer or Director

Date