

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90025 009 ****61.25

DOCUMENT # N02000000161					
1. Entity Name HISTORIC FERNANDINA BUSINESS ASSOCIATION, INC.					
Principal Place of Business 313 CENTRE STREET FERNANDINA BEACH, FL 32034			Mailing Address 218 CENTRE ST FERNANDINA BEACH, FL 32034		
2. Principal Place of Business - No P.O. Box # 218 CENTRE ST		3. Mailing Address P.O. Box 473			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fernandina Beach, FL		City & State Fernandina Beach, FL		4. FEI Number 01-0569386	
Zip 32034		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLWELL, STEPHEN 218 CENTRE ST 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 _____ <small>Signature, word or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when constituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME COLWELL, STEPHEN STREET ADDRESS 218 CENTRE ST CITY- ST- ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KRIX, HARRY STREET ADDRESS 114 CENTRE ST CITY- ST- ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SHEFFIELD, GEORGE STREET ADDRESS 28 SOUTH 7TH CITY- ST- ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SAX, SUZI STREET ADDRESS 113 CENTRE ST CITY- ST- ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete		TITLE NAME Jan Smith STREET ADDRESS 10 Beach Walker CITY- ST- ZIP Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SEC NAME HALL, CHUCK STREET ADDRESS 315 CALHOUN ST CITY- ST- ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/25/08		