2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000161

FILED Feb 23, 2009 Secretary of State

Entity Name: HISTORIC FERNANDINA BUSINESS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

218 CENTRE ST 114 CENTRE ST

FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

PO BOX 473

FERNANDINA BEACH, FL 32035

FEI Number: 01-0569386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLWELL, STEPHEN 218 CENTRE ST

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address: 218 CENTRE ST Address: 114 CENTRE ST

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP () Delete Title: VP (X) Change () Addition Name: KRIX, HARRY Name: WOHLFARTH, MAX

Address: 114 CENTRE ST Address: 31 N 2ND ST
City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP () Delete Title: VP (X) Change () Addition

Name: SHEFFIELD, GEORGE Name: HANAWALT, LINDA Address: 28 SOUTH 7TH Address: 111 N 5TH ST

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC () Delete Title: SEC (X) Change () Addition Name: HALL, CHUCK Name: POQUETTE, GAIL

Address: 315 CALHOUN ST Address: 96020 MONTEGO BAY

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete Title: T (X) Change () Addition Name: SMITH, JAN Name: POQUETTE, GAIL

Address: 10 BEACH WALKER Address: 96020 MONTEGO BAY
City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

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: GAIL POQUETTE SEC 02/23/2009