
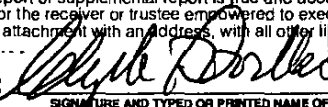


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90121 002 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N03000000553</b><br>1. Entity Name<br><b>NASSAU FRIENDS OF SCOUTING, INC.</b>   |  |   |  |                                  |  |
| Principal Place of Business<br><b>20 S 5TH ST<br/>FERNANDINA BCH, FL 32034</b>  |  |   | Mailing Address<br><b>20 S 5TH ST<br/>FERNANDINA BCH, FL 32034</b> |   |  |
| 2. Principal Place of Business  |  |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.  |   |  |
| City & State  |  |   | City & State   |   |  |
| Zip   |  | Country   |  | Zip   |  |
| Country   |  | Country   |  | 4. FEI Number<br><b>20-0328667</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DAVIS, CLYDE W<br/>20 S 5TH ST<br/>FERNANDINA BCH, FL 32034</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |   |  | FL Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)</small>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D - P</b><br><b>KELLEY, STEPHEN W</b><br><b>1235 S 10 ST</b><br><b>FERNANDINA BCH, FL 32034</b>     | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>KELLEY, MICHAEL T</b><br><b>613 STANLEY DR</b><br><b>FERNANDINA BCH, FL 32034</b>       | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D - ST</b><br><b>GOODBREAD, CLYDE L</b><br><b>837 TARPON AVE</b><br><b>FERNANDINA BCH, FL 32034</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>LAMB, MICHAEL W</b><br><b>2468 S FLETCHER AVE</b><br><b>FERNANDINA BCH, FL 32034</b>    | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>MCCARTHY, PATRICK B</b><br><b>5 WAX MYRTLE</b><br><b>AMELIA ISLAND, FL 32034</b>        | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |   |  |
| 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. |  |   |  |   |  |
| <b>SIGNATURE:</b>  <b>Clyde Goodbread, Secretary-Treasurer 4/6/05 904-261-8133</b>   |  |   |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |   |  |