


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90004 008 ****61.25

DOCUMENT # N03000000553 1. Entity Name NASSAU FRIENDS OF SCOUTING, INC.					
Principal Place of Business 20 S 5TH ST FERNANDINA BCH, FL 32034			Mailing Address 837 TARPON AVE FERNANDINA BCH, FL 32034		
2. Principal Place of Business - No P.O. Box # 837 Tarpon Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Fernandina Bch, FL 32034		City & State Suite, Apt. #, etc.		4. FEI Number 20-0328667	
Zip 2034-2027		Country Nassau		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, CLYDE W 20 S 5TH ST FERNANDINA BCH, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 960185 Gateway Blvd City Fernandina Beach FL Zip Code 32034	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY - ST - ZIP	DP KELLEY, STEPHEN W 1235 S 10 ST FERNANDINA BCH, 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	DST GOODBREAD, CLYDE L 837 TARPON AVE FERNANDINA BCH, 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	D MALOY, FOY 511 ASH STREET FERNANDINA BCH, 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	D USERY, MELVIN P.O. BOX 15357 FERNANDINA BEACH, FL 32035 <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		
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: <i>Clyde Goodbread</i> Clyde Goodbread, Secretary-Treas. Feb 25 2008 904/753-4619					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					