

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000553

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: NASSAU FRIENDS OF SCOUTING, INC.

**Current Principal Place of Business:**

837 TARPON AVE  
FERNANDINA BEACH, FL 320342027

**New Principal Place of Business:**

**Current Mailing Address:**

837 TARPON AVE  
FERNANDINA BCH, FL 32034

**New Mailing Address:**

FEI Number: 20-0328667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, CLYDE W  
960185 GATEWAY BLVD  
FERNANDINA BEACH, FL 32034 US

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

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:**

Title: DP ( ) Delete  
Name: KELLEY, STEPHEN W  
Address: 1235 S 10 ST  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: DST ( ) Delete  
Name: GOODBREAD, CLYDE L  
Address: 837 TARPON AVE  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D ( ) Delete  
Name: MALOY, FOY  
Address: 511 ASH STREET  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D ( ) Delete  
Name: USERY, MELVIN  
Address: P.O. BOX 15357  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KELLEY, STEPHEN W  
Address: 1235 S 10 ST  
City-St-Zip: FERNANDINA BCH, FL 32034

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: DP ( ) Change (X) Addition  
Name: DREW, JOHN M  
Address: 603 SOUTH FLETCHER AVE  
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: CLYDE GOODBREAD

DST

04/28/2009

Electronic Signature of Signing Officer or Director

Date