

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010097

FILED
Jan 23, 2006
Secretary of State

Entity Name: HOUSING ASSISTANCE CORPORATION OF NASSAU COUNTY, INC.

Current Principal Place of Business:

1300 HICKORY ST
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1300 HICKORY ST
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 01-0806764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOMASSETTI, A. JEFFREY
406 ASH ST
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: CD () Delete
Name: WINSTON, JOSEPH S
Address: P.O. BOX 1737
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: VCD () Delete
Name: ALBERT, CHRALES L
Address: 612 SOUTH 11TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: JORDAN, MARY
Address: 1750 SOUTH 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: ALLEN-NELSON, GLORIA A
Address: 2747 B OCEAN DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: BLALOCK, NEAL
Address: 313 CENTRE ST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PS () Delete
Name: PERRY, HAROLD R
Address: PO BOX 15508
City-St-Zip: FERNANDINA BEACH, FL 320353109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD R. PERRY

PRES

01/23/2006

Electronic Signature of Signing Officer or Director

Date