2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N03000010097

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

Current Principal Place of Business:

516 SOUTH 10TH STREET
SUITE 116
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15578
FERNANDINA BEACH, FL 32035

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 US

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

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

Title: D ( ) Delete
Name: MORRIS, PAULA E
Address: 1204 FIR STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: PS ( ) Delete
Name: PERRY, HAROLD R
Address: POST OFFICE BOX 15508
City-St-Zip: FERNANDINA BEACH, FL 32035 US

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
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 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 PS 01/08/2009
Electronic Signature of Signing Officer or Director — Date