

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 24, 2009  
Secretary of State

DOCUMENT# N07000011471

Entity Name: NANCY'S VILLAGE, INC.

**Current Principal Place of Business:**

3418 POINT LOBOS TRAIL  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

3418 POINT LOBOS TRAIL  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

FEI Number: 26-1672471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEMONS, HEIDI  
3418 POINT LOBOS TRAIL  
JACKSONVILLE, FL 32223 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: P ( ) Delete  
Name: CLEMONS, HEIDI  
Address: 3418 POINT LOBOS TRAIL  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP ( ) Delete  
Name: CROM, JENNI  
Address: 31 HARROWS LANE  
City-St-Zip: PURCHASE, NY 10577 US

Title: C ( ) Delete  
Name: BENSON, MELODY  
Address: 6419 JACK WRIGHT ISLAND ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: T ( ) Delete  
Name: FIELDS, KIMBERLY  
Address: 14478 BASILHAM LANE  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: S ( ) Delete  
Name: BENSON, ALLEN  
Address: 6419 JACK WRIGHT ISLAND ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

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

Title: VP (X) Change ( ) Addition  
Name: CROM, JENNI  
Address: 8315 HIGHGATE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216 US

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: HEIDI CLEMONS

P

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date