

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002349

FILED
Aug 03, 2009
Secretary of State

Entity Name: SHERIFF'S FOUNDATION OF NASSAU COUNTY, INC.

Current Principal Place of Business:

76001 BOBBY MOORE CIRCLE
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

76001 BOBBY MOORE CIRCLE
YULEE, FL 32097

New Mailing Address:

FEI Number: 26-2139660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, MARLYNE S
76001 BOBBY MOORE CIRCLE
YULEE, FL 32097 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: D () Delete
Name: SEAGRAVES, JR., T.L.
Address: 76001 BOBBY MOORE CIRCLE
City-St-Zip: YULEE, FL 32097

Title: D () Delete
Name: DRAKE, DAVID
Address: POST OFFICE BOX 516
City-St-Zip: YULEE, FL 32097

Title: ST () Delete
Name: CRAWFORD, ROBERT
Address: 76001 BOBBY MOORE CIRCLE
City-St-Zip: YULEE, FL 32097

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:

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: ROBERT CRAWFORD

ST

08/03/2009

Electronic Signature of Signing Officer or Director

Date