

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002827

FILED
Apr 11, 2009
Secretary of State

Entity Name: COALITION FOR THE HOMELESS OF NASSAU COUNTY, INC.

Current Principal Place of Business:

%NORTHEAST FLORIDA COMMUNITY ACTION AGENCY
516 S. 10TH ST.
FERNANDINA BCH, FL 32034

New Principal Place of Business:

Current Mailing Address:

%NORTHEAST FLORIDA COMMUNITY ACTION AGENCY
516 S. 10TH ST.
FERNANDINA BCH, FL 32034

New Mailing Address:

FEI Number: 26-1663434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WASHBURN, THOMAS C
1609 LAKE PARK DR.
FERNANDINA BCH, 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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: WASHBURN, THOMAS C
Address: 1609 LAKE PARK DR.
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VPRE () Change (X) Addition
Name: GAMMEL, DANI
Address: 1875 OCEAN VILLAGE DR.
City-St-Zip: AMELIA ISLAND,, FL 32034 US

Title: SEC () Change (X) Addition
Name: PHANSTIEL, CAROLYN
Address: 2785 S. FLETCHER AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: TREA () Change (X) Addition
Name: SAUER, JULIAN
Address: 2398 SADLER RD.
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: DIR () Change (X) Addition
Name: GRAY, TEZ-MIA
Address: 996 CITRONA DR.
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: DIR () Change (X) Addition
Name: RIFFEY, SHANDRA
Address: P.O. BOX 1618
City-St-Zip: YULEE, FL 32041 US

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: THOMAS C. WASHBURN

PRES

04/11/2009

Electronic Signature of Signing Officer or Director

Date