

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14745

FILED
Jan 11, 2008
Secretary of State

Entity Name: NASSAU HUMANE SOCIETY, INC.

Current Principal Place of Business:

671 AIRPORT RD.
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

671 AIRPORT RD.
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-2667141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, WESLEY R
303 CENTRE STREET
SUITE 200, ALLAN BLDG.
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: D () Delete
Name: VAN HAZEL, BECKY
Address: 32 SALT MARSH
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD () Delete
Name: MADDOX, TRENT
Address: 1601 GERBING ROAD #250
City-St-Zip: FERNANDIA BEACH, FL 32034

Title: TD () Delete
Name: LANDREGAN, JOHN
Address: 4714 GENOA DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD () Delete
Name: GOODWIN, RHONDA
Address: 24 MARSH BAY COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D (X) Delete
Name: DEEVER, HOUSTON
Address: 15 SOUTH FLETCHER AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: VAN HAZEL, BECKY
Address: 32 SALT MARSH
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD (X) Change () Addition
Name: COYLE, DAVID
Address: 1546 CANOPY DRIVE
City-St-Zip: FERNANDIA BEACH, FL 32034

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

Title: VPD (X) Change () Addition
Name: SASANFAR, GUY
Address: 1586 REGATTA DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: JOHN LANDREGAN

TD

01/11/2008

Electronic Signature of Signing Officer or Director

Date