


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90031 022 \*\*\*\*70.00

<b>DOCUMENT # N21033</b>					
1. Entity Name WEST NASSAU HISTORICAL SOCIETY, INC.					
Principal Place of Business 45383 W. DIXIE AVENUE CALLAHAN, FL 32011			Mailing Address P.O. BOX 1758 CALLAHAN, FL 32011		
2. Principal Place of Business <i>45383-W. Dixie Ave.</i>		3. Mailing Address <i>P.O. Box 1758</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Callahan</i>		City & State <i>Callahan</i>		4. FEI Number 59-2716279	
Zip <i>32011</i>		Country <i>Fla</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOONE, BOBBI 541720 KINGS RD SO CALLAHAN, FL 32011			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Barbara Boone - Barbara Boone</i>					
Signature, typed or printed name of registered agent and title if applicable.				DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOONE, BOBBI		NAME		
STREET ADDRESS	541720 KINGS RD S.		STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, JANET		NAME		
STREET ADDRESS	45077 800TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSH, SUE		NAME		
STREET ADDRESS	PO BOX 56		STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIKES, JACK		NAME		
STREET ADDRESS	45290 ROBINWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAIG MARSH		NAME		
STREET ADDRESS	P.O. BOX 56 DIXIE AVE. N/A		STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Barbara Boone Barbara Boone</i>			Date: <i>2-14-04</i>		Daytime Phone #: <i>904-879-4529</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Attachment  
24020529



### Division of Corporations

### 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	N21033
Business Entity Name	WEST NASSAU HISTORICAL SOCIETY, INC.
Original File Date	06/08/1987

FEI Number 59-2716279

Principal Address 45383 W. DIXIE AVENUE  
CALLAHAN, FL 32011

Mailing Address P.O. BOX 1758  
CALLAHAN, FL 32011

Registered Agent BOBBI BOONE  
541720 KINGS RD SO  
CALLAHAN, FL 32011 US

#### Officer/Director Name And Address

PD  
BOONE, BOBBI  
541720 KINGS RD S.  
CALLAHAN, FL 32011

S  
JANET JOHNSON  
45077 800TH STREET  
CALLAHAN, FL 32011

TD  
SUE MARSH  
PO BOX 56  
CALLAHAN, FL 32011

V  
JACK SIKES  
45290 ROBINWOOD CIRCLE  
CALLAHAN, FL 32011

Attachment  
24020529  
#N21033

D  
CRAIG MARSH  
P.O. BOX 56 DIXIE AVE. N/A  
CALLAHAN, FL 32011

If all of the above information is correct If you need to make changes to the  
and you do not wish to make any above information, please select:  
changes, please select:

No Changes

Make Changes

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