

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21033

FILED
May 02, 2007
Secretary of State

Entity Name: WEST NASSAU HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

45383 DIXIE AVENUE
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1758
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 55-0884532 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:

DAVIS, CLYDE
20 S 5TH ST
FERNANDINA, 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: PD () Delete
Name: HILL, TOM
Address: PO BOX 1298
City-St-Zip: CALLAHAN, FL 32011

Title: VP () Delete
Name: MOBLEY, LIZ
Address: 448988 US HWY 301
City-St-Zip: CALLAHAN, FL 32011

Title: VP () Delete
Name: SAIN, DONNIE
Address: 54614 CHURCH RD
City-St-Zip: CALLAHAN, FL 32011

Title: SEC () Delete
Name: HORNE, CLEO
Address: PO BOX 661
City-St-Zip: CALLAHAN, FL 32011

Title: TRES (X) Delete
Name: GRAHAM, SHIRLEY
Address: 45274 OAK TRAIL
City-St-Zip: CALLAHAN, FL 32011

Title: BOD () Delete
Name: SCOTT, JEANNE
Address: 552017 US HWY 1
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES (X) Change () Addition
Name: MOBLEY, ELIZABETH
Address: 448988 US HWY 301
City-St-Zip: CALLAHAN, FL 32011

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

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: ELIZABETH MOBLEY

Electronic Signature of Signing Officer or Director

TRES

05/02/2007

Date