2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21033

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

PO BOX 661

BOD

CALLAHAN, FL 32011

SCOTT, JEANNE

552017 US HWY 1

HILLIARD, FL 32046

() Delete

() Delete

FILED May 01, 2008 Secretary of State

Entity Name: WEST NASSAU HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 45383 DIXIE AVENUE CALLAHAN, FL 32011 **Current Mailing Address: New Mailing Address:** P.O.BOX 1758 CALLAHAN, FL 32011 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: Name and Address of New Registered Agent: DAVIS, CLYDE 20 S 5TH ST FERNANDINA, FL 32034 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HILL. TOM HENDRICKS, JOHN Name: Name: PO BOX 1298 Address: PO BOX 1758 Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: CALLAHAN, FL 32011 Title: TRES () Delete Title: () Change () Addition MOBLEY, ELIZABETH Name: Name: Address: 448988 US HWY 301 Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: Title: () Delete Title: (X) Change () Addition SAIN, DONNIE STEPTOE, ELTON Name: Name: 54614 CHURCH RD Address: Address: P.O. BOX 1758 City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: CALLAHAN, FL 32011 Title: SEC () Delete Title: SEC (X) Change () Addition HORNE, CLEO WILLIAMS, MICHAEL

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.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

PO BOX 1758

SAIN, DONNIE

P. O. BOX 1758

HORNE, CLEO

P.O. BOX 1758 CALLAHAN, FL 32011

CALLAHAN, FL 32011

CALLAHAN, FL 32011

(X) Change () Addition

() Change (X) Addition

SIGNATURE: ELIZABETH W. MOBLEY **TRES** 05/01/2008