

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21033

FILED  
Feb 20, 2011  
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 ( )

**Name and Address of Current Registered Agent:**

DAVIS, CLYDE  
960185 GATEWAY BLVD. SUITE 104  
FERNANDINA BEACH, FL 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  
Name: SAIN, DONNIE  
Address: 54614 CHURCH ROAD  
City-St-Zip: CALLAHAN, FL 32011

Title: TRES  
Name: SAIN, JANICE  
Address: 54614 CHURCH ROAD  
City-St-Zip: CALLAHAN, FL 32011

Title: VP  
Name: HORNE, CLEO  
Address: P. O. BOX 661  
City-St-Zip: CALLAHAN, FL 32011

Title: SEC  
Name: MOBLEY, ELIZABETH  
Address: 448988 U S HWY 301  
City-St-Zip: CALLAHAN, FL 32011

Title: BOD  
Name: PETERSON, JERRY  
Address: 12790 SUNOWA SPRINGS TRAIL  
City-St-Zip: BRYCEVILLE, FL 32009

Title: BOD  
Name: GRAHAM, SHIRLEY  
Address: 45274 OAK TRAIL  
City-St-Zip: CALLAHAN, FL 32011

I hereby 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 all other like empowered.

SIGNATURE: DONNIE SAIN

PD

02/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date