


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N21033</b>			
1. Entity Name <b>WEST NASSAU HISTORICAL SOCIETY, INC.</b>			
Principal Place of Business 113 W. DIXIE AVENUE CALLAHAN, FL 32011		Mailing Address P.O. BOX 1758 CALLAHAN, FL 32011	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2716279</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BOONE, BOBBI 2390 KINGS ROAD SOUTH CALLAHAN, FL 32011</b>		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	
State		State	
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 _____		DATE _____	
By Name, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning)			
FILE NOW: FEES IS \$61.25		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, CRAIG	NAME	
STREET ADDRESS	5476 DIXIE ST	STREET ADDRESS	
CITY- ST- ZIP	CALLAHAN, FL 32011	CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, BOBBI	NAME	
STREET ADDRESS	2390 KINGS ROAD SOUTH	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	2096 BOOTH 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	5476 DIXIE AVE	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	5460 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 66 DIXIE AVE, N/A	STREET ADDRESS	
CITY- ST- ZIP	CALLAHAN, FL 32011	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)(f), 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 employees.			
SIGNATURE: <i>Bobbi Boone President</i>		5-3-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
<i>Bobbi Boone</i>			

90133748



CHECK HERE IF MAKING CHANGES

45383

45077

P.O. Box 56

45290

CR2E037 (10/02)

Attachment



9:0133748

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 23, 2003

WEST NASSAU HISTORICAL SOCIETY, INC.  
P.O. BOX 1758  
CALLAHAN, FL 32011

SUBJECT: WEST NASSAU HISTORICAL SOCIETY, INC.  
Ref. Number N21033

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 803A00024640

45383 - Nupie Ave