

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90039 043 \*\*\*\*61.25

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**DOCUMENT # N43040**

1. Corporation Name

**NASSAU COUNTY VOLUNTEER CENTER INC.**

Principal Place of Business

22 N. 5TH STREET  
ROOM F  
FERNANDINA BEACH FL 32034

Mailing Address

22 N. 5TH STREET  
ROOM F  
FERNANDINA BEACH FL 32034



2. Principal Place of Business

21 1001 Atlantic Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 City & State

City & State

23 Fernandina Beach, Fla.

28

24 Zip 32034 25 Country Nassau, USA

29 Zip 30 Country

3. Date Incorporated or Qualified

04/18/1991

4. FEI Number

59-3050887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SHULTS, GAIL A.

28 N. 5TH STREET  
1001 Atlantic Avenue Suite B  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Gail A. Shults, Exec. Director*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS FERREIRA, ROBERT  
CITY-ST-ZIP P O BOX 777 N/A  
FERNANDINA BEACH FL 32034

TITLE ☐ DELETE  
NAME VPD  
STREET ADDRESS CANNON, VICKI  
CITY-ST-ZIP P O BOX 668 N/A  
FERNANDINA BEACH FL 32034

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS BURCH, PATTI  
CITY-ST-ZIP P O BOX 3000 N/A  
FERNANDINA BEACH FL 32034

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gail A. Shults*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99

Date

904-261-2771

Daytime Phone #

CR2E037 (11/98)