


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90016 011 ****61.25

DOCUMENT # N43040	
1. Entity Name NASSAU COUNTY VOLUNTEER CENTER INC.	

Principal Place of Business 1001 ATLANTIC AVE STE B FERNANDINA BEACH FL 32034	Mailing Address 1001 ATLANTIC AVE STE B FERNANDINA BEACH FL 32034
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3050887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHULTS, GAIL A. 1001 ATLANTIC AVE SUITE B FERNANDINA BEACH FL 32034	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P XXXXXXXXXX 19 NASSAU PLACE YULEE FL 32097 XXXXXXXXXX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tricia Harrell 1544 Blue Heron Fernandina, Florida 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP XXXXXXXXXX 84 WOODSTOCK LANE FERNANDINA BEACH FL 32034 XXXXXXXXXX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patti Burch 2215 Berkley Street Fernandina, Florida 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T XXXXXXXXXX 500 CENTRE STREET FERNANDINA BEACH FL 32034 XXXXXXXXXX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXXXXXXXXX 4059 CAPTAIN'S WAY FERNANDINA BEACH FL 32034 XXXXXXXXXX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXXXXXXXXX 2220 BERRY STREET FERNANDINA BEACH FL 32034 XXXXXXXXXX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clyde Davis 2040 Highland Drive Fernandina, Florida 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXXXXXXXXX 802 ASH STREET FERNANDINA BEACH FL 32034 XXXXXXXXXX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____