


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90111 028 \*\*\*\*61.25

<b>DOCUMENT # N43040</b>					
1. Entity Name <b>NASSAU COUNTY VOLUNTEER CENTER INC.</b>					
Principal Place of Business <b>1001 ATLANTIC AVE STE B FERNANDINA BEACH FL 32034</b>			Mailing Address <b>1001 ATLANTIC AVE STE B FERNANDINA BEACH FL 32034</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3050887</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SHULTS, GAIL A. 1001 ATLANTIC AVE SUITE B FERNANDINA BEACH FL 32034</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, TRICIA		NAME	James Robinson	
STREET ADDRESS	1544 BLUE HERRON		STREET ADDRESS	32038 Grand Park Boulevard	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	Fernandina Beach, Florida 32034	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURCH, PATTI		NAME	Mary Mercer	
STREET ADDRESS	2215 BERKLEY ST		STREET ADDRESS	204 Ash Street	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	Fernandina Beach, Florida 32034	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREIRA, BOBBY		NAME		
STREET ADDRESS	500 CENTRE STREET		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, MYERS		NAME		
STREET ADDRESS	4059 CAPTAIN'S WAY		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CLYDE		NAME		
STREET ADDRESS	2040 HIGHLAND DR		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, COURTNEY		NAME		
STREET ADDRESS	802 ASH STREET		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP		

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 all other like empowered.

**SIGNATURE:** Mary Mercer Mary Mercer, Secretary 4-21-08 904/261-2771