

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43040

FILED
Feb 09, 2009
Secretary of State

Entity Name: NASSAU COUNTY VOLUNTEER CENTER INC.

Current Principal Place of Business:

1001 ATLANTIC AVE
STE B
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1001 ATLANTIC AVE
STE B
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-3050887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULTS, GAIL A.
1001 ATLANTIC AVE
SUITE B
FERNANDINA BEACH, FL 32034 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: P () Delete
Name: HARRELL, TRICIA
Address: 1544 BLUE HERRON
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP () Delete
Name: BURCH, PATTI
Address: 2215 BERKLEY ST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: FERREIRA, BOBBY
Address: 500 CENTRE STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: KURTZ, MYERS
Address: 4059 CAPTAIN'S WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: DAVIS, CLYDE
Address: 2040 HIGHLAND DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: ROBINSON, JAMES
Address: 32038 GRAND PARK BLVD.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, BOB
Address: 12 WILD GRAPE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP (X) Change () Addition
Name: DREW, JOHN
Address: 603 SOUTH FLETCHER AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOB BROWN

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date