

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43040

FILED
Jan 06, 2011
Secretary of State

Entity Name: NASSAU COUNTY VOLUNTEER CENTER INC.

Current Principal Place of Business:

1303 JASMINE ST.,
STE 104A
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1303 JASMINE ST.,
STE 104A
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.
1303 JASMINE ST., STE 104A
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
Name: DREW, JOHN
Address: 603 SOUTH FLETCHER AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP
Name: LEEPER, DANIEL
Address: 2645 PIRATES WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

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

Title: S
Name: MERCER, MARY
Address: 203 ASH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN DREW

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date