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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50155** (3)

1. Corporation Name

ARC/NASSAU, INC.



Principal Place of Business P.O. BOX 899 YULEE FL 32097	Mailing Address P.O. BOX 899 YULEE FL 32041-0999
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3. Date Incorporated or Qualified 07/27/1992	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 1105 Hamilton Street Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 59-1404429	Applied For ☐ Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCINTOSH, LEO
1105 HAMILTON STREET
YULEE FL 32097**

81 Name Sikes Jackie
82 Street Address (P.O. Box Number is Not Acceptable) Rt 3 Box 1668
83 City Callahan
84 City FL
85 Zip Code 32041

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 **Jackie Sikes** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☒ DELETE	1.1 TITLE Secretary/Treasurer	☐ Change ☒ Addition
NAME MCINTOSH, LEO		1.2 NAME Martha Gunn	
STREET ADDRESS RT 3 BOX 838		1.3 STREET ADDRESS Rt 2 Box 70	
CITY-ST-ZIP HILLIARD FL		1.4 CITY-ST-ZIP Callahan, Fla 32011	
TITLE 1st Board President	☐ DELETE	2.1 TITLE Board Member	☐ Change ☒ Addition
NAME SIKES, JACKIE		2.2 NAME Jim Kaminski	
STREET ADDRESS RT 3 BOX 1668 N/A		2.3 STREET ADDRESS PO Box 2000 N/A	
CITY-ST-ZIP CALLAHAN FL		2.4 CITY-ST-ZIP Funda Bch Fla 32034	
TITLE VPD	☒ DELETE	3.1 TITLE Board Member	☐ Change ☒ Addition
NAME REILLY, SALLY		3.2 NAME John Mead	
STREET ADDRESS 128 LONG POINT DRIVE		3.3 STREET ADDRESS PO Box 935 N/A	
CITY-ST-ZIP FERNANDINA BEACH FL		3.4 CITY-ST-ZIP Yulee Fla 32041-0935	
TITLE 2nd Vice President	☐ DELETE	4.1 TITLE member	☐ Change ☒ Addition
NAME GAVIN, WILLIE		4.2 NAME Everette Harper	
STREET ADDRESS RT 4 BOX 925 N/A		4.3 STREET ADDRESS 215 US 17 South	
CITY-ST-ZIP CALLAHAN FL		4.4 CITY-ST-ZIP Yulee, Fla 32097	
TITLE TD	☒ DELETE	5.1 TITLE member	☐ Change ☒ Addition
NAME VEST, FRANCES		5.2 NAME Marie Stephenson	
STREET ADDRESS 1035 DAVID ROAD		5.3 STREET ADDRESS PO Box 247 N/A	
CITY-ST-ZIP YULEE FL		5.4 CITY-ST-ZIP Funda Bch Fla 32034	
TITLE ED	☒ DELETE	6.1 TITLE member	☐ Change ☒ Addition
NAME VASSALLUZZO, JOSEPH		6.2 NAME Muriel Creamer	
STREET ADDRESS P.O. BOX 180 N/A		6.3 STREET ADDRESS 934 US 17 South	
CITY-ST-ZIP YULEE FL 32097		6.4 CITY-ST-ZIP Yulee Fla 32097	

Nannette M. Cannon
Rt 1 Box 2139
Folkston Ga
Executive Director

14. I do 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.

Executive Director

CR2E037 (9/96)