2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with

Feb 21, 2005 8:00 am Secretary of State DOCUMENT # N50155 1. Entity Name 02-21-2005 90082 023 ****70.00 ARC/NASSAU, INC. Principal Place of Business Mailing Address 86051 HAMILTON STREET 86051 HAMILLTON STREET YULEE FL 32041 YULEE FL 32097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-1404429 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UYNS BURNS, KATHY 4800 RAFTLIFF ROAD CALLAHAN, FL 32011 Callaban 32011 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. 1-28-05 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change FEBLES, DIANNE NAME NAME 2649 GREGOR MCGREGOR BLVD STREET ADDRESS STREET ADDRESS FERNANDINA FL 32034 CITY - ST - 7IP CITY-ST-ZIP DVP TITLE ☐ Delete TITLE HINTON, ROBERT NAME NAME PO BOX 1185 STREET ADDRESS STREET ADDRESS YULEE FL 32097 CITY-ST-7IP CITY-ST-ZIP TTDS TITLE Delete TITLE ☐ Change Addition BOLDEN, HOLLY C NAME NAME 2949 SOUTH 14TH STREET STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 12. I 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 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

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