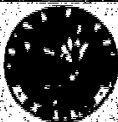


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002896 (9)

1. Corporation Name

CITIES IN SCHOOLS OF NASSAU COUNTY, INC.

Principal Place of Business

Mailing Address

**303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034**

**303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 04/05/1994
4. FEI Number 50-3191350	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POOLE, WESLEY R
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL FL**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	D
NAME	FOUNTAIN, SHEILA	1.2 NAME	Fountain, Sheila
STREET ADDRESS	500 CENTRE STREET	1.3 STREET ADDRESS	500 Centre Street
CITY - ST - ZIP	FERNANDINA BEACH FL	1.4 CITY - ST - ZIP	Fernandina Beach FL
TITLE	DC	2.1 TITLE	
NAME	STEWART, MICHAEL	2.2 NAME	
STREET ADDRESS	301 W. BAY STREET, SUITE 2600	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	
NAME	SPENCE, LINDA	3.2 NAME	
STREET ADDRESS	315 CITRONA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	
NAME	WILLIAMS, DIAN S.	4.2 NAME	
STREET ADDRESS	520 CENTRE STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	DV
NAME	COOK, GAIL	5.2 NAME	Klein, Sherry
STREET ADDRESS	1201 ATLANTIC AVE	5.3 STREET ADDRESS	19 So. 3rd St.
CITY - ST - ZIP	FERNANDINA BEACH FL 32034	5.4 CITY - ST - ZIP	Fernandina Beach FL
TITLE	D	6.1 TITLE	
NAME	RUIS, JOHN	6.2 NAME	
STREET ADDRESS	1201 ATLANTIC AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL 32034	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 (changing) or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95

904-321-2000