FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 59-3191350 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POOLE, WESLEY R
303 CENTRE STREET
SUITE 200
FERNNANDINA BEACH FL FL

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE	D	☒ Change ☐ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
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	☒ Change ☐ Addition
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		☐ Change ☐ Addition
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 is voluntarily furnished and 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 (changed, or on an attachment with an address.

SIGNATURE: Edward S. Gordon 4/13/95 904-321-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001