

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
06/23/1993

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 SouthTrust Bank

26 P.O. Box 501

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

Suite/Apt. #, etc.

Suite/Apt. #, etc.

22 1890 S. 14th Street

27

City & State

23 Fernandina Beach, FL

28

Fernandina Beach, FL

Zip

Country

Zip

Country

24 32034

25

USA

29

32035

30

USA

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

Dian S. Williams

82 Street Address (P.O. Box Number is Not Acceptable)

520 Centre Street

83

Fernandina Beach

84

City

FL

85 Zip Code

32034

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

4/2/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FOUNTAIN, SHEILA  
500 CENTRE STREET  
FERNANDINA BEACH FL

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
DS  
Fountain, Sheila  
1324 South 14th Street  
Fernandina Beach, FL 32034

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
STEWART, MICHAEL  
301 W. BAY STREET, SUITE 2600  
JACKSONVILLE FL

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SPENCE, LINDA  
315 CITRONA DRIVE  
FERNANDINA BEACH FL

☒ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
WILLIAMS, DIAN S.  
520 CENTRE STREET  
FERNANDINA BEACH FL

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
KLEIN, SHERRY  
19 SOUTH 3RD ST.  
FERNANDINA BEACH FL

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUIS, JOHN  
1201 ATLANTIC AVE  
FERNANDINA BEACH FL 32034

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/96

Daytime Phone #

904-321-1002

CR2E037 (12/95)