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FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
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

SOUTHTRUST BANK  
1890 S 14TH STREET  
FERNANDINA BEACH FL 32034  
US

P.O. BOX 501  
FERNANDINA BEACH FL 32035-0501  
US

3. Date Incorporated or Qualified  
06/23/1993

3a. Date of Last Report  
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

WILLIAMS, DIAN S.  
520 CENTRE STREET  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

Patrick Foster

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

911 South 8th ST.

83

84 City

Fernandina Beach,

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME FOUNTAIN, SHEILA  
STREET ADDRESS 1324 SOUTH 14TH STREET  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE DC ☐ DELETE

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

TITLE DT ☒ DELETE

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

TITLE DV ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☐ Change ☒ Addition

1.2 NAME Bryan, Chris  
1.3 STREET ADDRESS 231 North Front St.  
1.4 CITY-ST-ZIP Fernandina Beach, FL. 32034

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DC ☐ Change ☒ Addition

3.2 NAME Foster, Patrick  
3.3 STREET ADDRESS 911 S. 8th St.  
3.4 CITY-ST-ZIP Fernandina Beach, FL. 32034

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Mock, Jay  
6.3 STREET ADDRESS 317 Centre St.  
6.4 CITY-ST-ZIP Fernandina Beach, FL. 32034

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. I changed, or am attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

904 324 2000

CR2E037 (9/96)