

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90001 035 \*\*\*\*61.25

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000002896**

1. Corporation Name

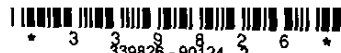
**COMMUNITIES IN SCHOOLS OF NASSAU COUNTY, INC.**

Principal Place of Business

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

Mailing Address

P.O. BOX 501  
 FERNANDINA BEACH FL 32035  
 US



2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip Country

3. Date Incorporated or Qualified

06/23/1993

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. Name and Address of Current Registered Agent

FOSTER, PATRICK  
 911 S 8TH ST  
 FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name **Sherry Klein**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2900 S. Atlantic Avenue**  
 83 **Apt. #6**  
 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 for all filings)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	MARIE ROLAND	520 CENTRE ST	FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/>
VD	DR JOHN MAZELLA	315 CITRONA DR	FERNANDINA BCH FL 32034	<input checked="" type="checkbox"/>
DC	FOSTER, PATRICK	911 S 8TH CT	FERNANDINA BEACH FL	<input checked="" type="checkbox"/>
CD	SHERRY KLEIN	1910 S 8TH ST #108	FERNANDINA BEACH FL 32034	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Treasurer TD	Margaret Morrow	716 Centre Street	FB, FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice-Chair VD	Jim Koninski	1100 Amelia Parkway	FB, FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chair CD	Sherry Klein	2900 S. Atlantic Ave. Apt #6	Fernandina, FL 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 904321-2000  
 Date Daytime Phone

CR2E037 (1/98)