DOCUMENT # N93000002896

1/10/01

FILED
Feb 15, 2001 8:00 am
Secretary of State
01-10-2001 90086 028 ****70.00

1. Entity Name

COMMUNITIES 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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	P.O. BOX 15967
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FERNANDINA BEACH, FL
Zip — - Country	Zip: 32035 Country: USA

4. FEI Number: 59-3191350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LISLE, MICHAEL L 1890 S 14TH STREET FERNANDINA BEACH FL 32034	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Mike Lisle EXECUTIVE DIRECTOR 1/5/01

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ☐ Delete ~~MORROW, MARGARET~~ ROLAND, MARIE ~~715 CENTRE ST~~ 1891 S. 14TH ST. FERNANDINA BCH FL 32034	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ SD ☐ Delete ~~KOMISKE, JIM~~ COOK, GAIL ~~1100 SURFSIDE PKY~~ 1708 PHILLIPS MANOR RD. FERNANDINA BEACH FL 32034	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ☐ Delete ~~SHERRY KLEIN~~ FOY R. MALOY ~~2000 S ATLANTIC AVE APT 6~~ 511 ASH ST. FERNANDINA BEACH FL 32034	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete AVANT, WARDELL 1114 ELM ST FERNANDINA BEACH FL 32034	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete COLEMAN, IRIS 1201 ATLANTIC AVE FERNANDINA BEACH FL 32034	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete DAVIS, CLYDE 20 S. 5TH ST. FERNANDINA BEACH FL 32034	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Lisle REMICHAEL L. LISLE 1/5/01 904-321-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #