2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# N93000002896

Entity Name: COMMUNITIES IN SCHOOLS OF NASSAU COUNTY, INC.

Current Principal Place of Business:

516 SOUTH 10TH ST
SUITE 205
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

516 SOUTH 10TH ST
SUITE 205
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-3191350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILANA, SUSAN
516 SOUTH 10TH ST
SUITE 205
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: NELSON, SUSAN
Address: 404 BEACHSIDE PLACE
City-St-Zip: FERNANDINA BCH, FL 32034

Title: SD ( ) Delete
Name: MCDONALD, DENISE
Address: 1203 BEACHWALKER RD
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VC ( ) Delete
Name: CARLTON, MERRITT
Address: 95202 CAPTAINS WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD (X) Delete
Name: USERY, MELVIN
Address: PO BOX 15357
City-St-Zip: FERNANDINA BEACH, FL 32035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN MILANA ED 01/24/2009
Electronic Signature of Signing Officer or Director — Date