

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90029 031 \*\*\*\*61.25

**DOCUMENT # N95000000510**

1. Entity Name  
**NASSAU COUNTY ECONOMIC DEVELOPMENT BOARD,  
INC.**



Principal Place of Business  
**76346 WILLIAM BURGESS BLVD  
B101  
YULEE, FL 32097 US**

Mailing Address  
**76346 WILLIAM BURGESS BLVD  
B101  
YULEE, FL 32097 US**

4000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3293246**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**FERREIRA, MELANIE J  
76346 WILLIAM BURGESS BLVD.  
B101  
YULEE, FL 32097**

## 7. Name and Address of New Registered Agent

Name **Steve Rieck**  
Street Address (P.O. Box Number is Not Acceptable)  
**76346 William Burgess Blvd.  
B101  
Yulee FL 32097**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Steve Rieck*

**STEVE RIECK, EXECUTIVE DIRECTOR**

**1/25/08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to:  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINBOTHAM, JIM B 1802 MCARTHUR ST FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOEHRLE, DEAN 28264 LAKE HAMPTON RD HILLIARD, FL 32046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC MCCONNELL, CRIS 37321 MILL STREET HILLIARD, FL 32046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUDRY, VICKI P.O. BOX 1739 FERNANDINA BEACH, FL 32035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CREAMER, MURIEL 480 HWY 17 SOUTH YULEE, FL 32097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FERREIRA, MELANIE 76546 WILLIAM BURGESS BLVD. YULEE, FL 32097	<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marianne Marshall 36116 Gage Road Callahan, FL 32011	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Bobby Franklin 27300 Brusso Franklin Road Hilliard, FL 32046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Rieck 76546 William Burgess Blvd. Yulee, FL 32097	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Steve Rieck* **STEVE RIECK**

**1/25/08**

**904 225 8878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #