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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004267 (9)**

1. Corporation Name

**NASSAU COUNTY WRITERS AND POETS SOCIETY, INC.**

Principal Place of Business <b>2188 CUMBERLAND CT. FERNANDINA BEACH FL 32034</b>	Mailing Address <b>2188 CUMBERLAND CT. FERNANDINA BEACH FL 32034</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>09/05/1995</b>	3a. Date of Last Report <b>N/A</b>
24		25		29	
26		27		30	

9. Name and Address of Current Registered Agent <b>TUTTLE, DAVID T SR. 994 BLACKMON RD. YULEE FL 32097</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 **David T. Tuttle Sr.** *David T. Tuttle Sr.* **24 Jan 1996**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TUTTLE, DAVID T SR. 994 BLACKMON RD. YULEE FL 32097</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DP Jan McCaffrey 2188 Cumberland Ct. Fernandina Beach, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV BRIDGES, NITA 1800 ATLANTIC AVE. FERNANDINA BEACH FL 32034</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>DV David Tuttle 994 Blackmon Rd. Yulee, FL 32097</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS CURTIN, CARA 310 ASH ST. FERNANDINA BEACH FL 32034</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MCCAFFREY, JAN 2188 CUMBERLAND CT. FERNANDINA BEACH FL 32034</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>DT Nita Bridges 1800 Atlantic Ave. Fernandina Beach, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>500001728745 -03/01/96--01014--009 ***61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Jan McCaffrey** *Jan McCaffrey* **1-24-96** **904-261-8186**

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

CR2E037 (12/95)