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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004267 (9)

1. Corporation Name

NASSAU COUNTY WRITERS AND POETS SOCIETY, INC.

Principal Place of Business

Mailing Address

2188 CUMBERLAND CT.
FERNANDINA BEACH FL 32034

2188 CUMBERLAND CT.
FERNANDINA BEACH FL 32034-4402



3. Date Incorporated or Qualified
09/05/1995

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

NOT APPLICABLE

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUTTLE, DAVID T SR.
994 BLACKMON RD.
YULEE FL 32097

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MCCAFFREY, JAN
STREET ADDRESS 2188 CUMBERLAND CT.
CITY-ST-ZIP FERNANDINA BEACH FL 32034

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DP CURTIN, CARA
310 ASH ST.
FERNANDINA BEACH, FL 32034
☒ Change ☐ Addition

TITLE DV
NAME TUTTLE, DAVID
STREET ADDRESS 994 BLACKMON RD.
CITY-ST-ZIP YULEE FL 32097

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

NO CHANGE
☐ Change ☐ Addition

TITLE DS
NAME CURTIN, CARA
STREET ADDRESS 310 ASH ST.
CITY-ST-ZIP FERNANDINA BEACH FL 32034

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DS BENTZ, LAURA
2036 LIVE OAK DR.
FERNANDINA BEACH, FL 32034
☒ Change ☐ Addition

TITLE DT
NAME BRIDGES, NITA
STREET ADDRESS 1800 ATLANTIC AVE.
CITY-ST-ZIP GERNANDINA BEACH FL 32034

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DT MCCAFFREY, JAN
2188 CUMBERLAND CT.
FERNANDINA BEACH, FL 32034
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan McCaffrey 2-20-97 (904) 261-8196

Date

Daytime Phone # 0000241

CR2E037 (9/96)