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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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** ☐ DELETE
NAME **CURTIN, CARA**
STREET ADDRESS **310 ASH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Tuttle, David T. Sr.**
1.3 STREET ADDRESS **994 Blackmon Rd.**
1.4 CITY-ST-ZIP **Yulee, FL 32097**

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

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **Selement, Joani**
2.3 STREET ADDRESS **1532 Dade St.**
2.4 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **DS** ☐ DELETE
NAME **BENTZ, LAURA**
STREET ADDRESS **2036 LIVE OAK DR.**
CITY-ST-ZIP **FERNANDINA BEACH FL**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **Tuttle, Barbara**
3.3 STREET ADDRESS **994 Blackmon Rd.**
3.4 CITY-ST-ZIP **Yulee, FL 32097**

TITLE **DT** ☐ DELETE
NAME **MCCAFFREY, JAN**
STREET ADDRESS **2188 CUMBERLAND CT**
CITY-ST-ZIP **FERNANDINA BCH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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 DT

2-25-98 (904) 861-8186

CF2E037 (1097)