


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90113 037 ****61.25

DOCUMENT # N95000004267 1. Entity Name NASSAU COUNTY WRITERS AND POETS SOCIETY, INC.					
Principal Place of Business 994 BLACKMON RD. YULEE, FL 32097			Mailing Address 994 BLACKMON RD. YULEE, FL 32097		
2. Principal Place of Business 85504 Blackmon Rd.		3. Mailing Address 85504 Blackmon Rd			
Suite, Apt. #, etc. Yulee, FL		Suite, Apt. #, etc. Yulee, FL			
City & State Yulee, FL		City & State Yulee, FL			
Zip 32097		Country USA		Zip 32097	
Country USA		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TUTTLE, DAVID T SR. 994 BLACKMON RD. YULEE, FL 32097			7. Name and Address of New Registered Agent Name DAVID T. TUTTLE, SR. Street Address (P.O. Box Number is Not Acceptable) 85504 Blackmon Rd City Yulee FL Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CURTIN, CARA 702 CENTRE ST. FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JUDIE MACKIE 2182 OFF SHORE DR. FERNANDINA Bch, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWARTWOOD, ED 2152 NATUES GATE SO. FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEN MERTZ 2750 JEAN LAFITTE BLVD. FERNANDINA Bch, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUTTLE, BARBARA 994 BLACKMON RD. YULEE, FL 32097	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBARA TUTTLE 85504 BLACKMON RD. YULEE, FL 32097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURNIVAL, GEORGE 2214 HIGH RIGGER CT. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: Barbara W. Tuttle Secretary				984-225-0689	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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