2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N95000004267 1. Entity, Name NASSAU COUNTY WRITERS AND POETS SOCIETY, INC.					05-07-2004	90113 ()37 ****6	1.25
Principal Place 994 BLACKM YULEE, FL 3	IOŃ RD.	Mailing Address 994 BLACKMON RD. YULEE FL 32097				240	72464	
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Suite, Apt.	= , FL,	Suite, Apt. #, etc.	l	02132004	Chg-NP	CR2E03	37 (10/03)	
City & State	e /	City & State		4. FEI Numb NOT A	PPLICABLE			plied For t Applicable
3209	Country 7. U.S.A	32097,	Country U.S.A	5. Certificate	e of Status Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Current R		- 1	7. Name an	Address of New R	legistered /	Agent	
TUTTLE, D	DAVID T SR.			AVID T.	TIATTLE,	5K /		
YULEE, FI				- I DI	· · · · · · · · · · · · · · · · · · ·	Rd		<u></u>
			City V	Whee	ackmon	FL	Zip Code	301
	named entity submits this statement for	the purpose of changing its re	gistered office o		oth, in the State of Flo	orida. Lam	familiar with,	and accept
the obligat	ions of registered agent.							
SIĞNATURE .		<u>.</u>						
، عادن الجدادة ال	Statesture, turned or existed name of maintained anext or	of title if applicable (AKOTE: E	Innietorad Aport eignst	(pointanios sodus baris men en		DATE		 .
i de la constanta de la consta	Signature, typed or printed name of registered agent ar	od title if applicable. (NOTE: F	logistered Agent signat	ure required when reinstating)	To stook dates the life to the sales	DATE	ia sini tay a	Le sitteffei esser :
	Signeture, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2004	d title if applicable. (NOTE: F 9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Added to Fee:		lake checl	k payable to ment of St	THE WAR STATE OF THE STATE OF
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Added to Fee		lake checi ida Depar	tment of St	Ato respons
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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 it 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: Boule and eller L. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

984-225.0689

Daytime Phone #