

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000004933

1. Entity Name  
NSB CAPS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:37

Principal Place of Business  
100 BARRACUDA BLVD.  
NEW SMYRNA BEACH, FL 32169

Mailing Address  
PO BOX 1808  
NEW SMYRNA BEACH, FL 32170-1808



2. Principal Place of Business  
1015 10th St  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

11082006 Chg-NP CR2E037 (4/06)

City & State  
New Smyrna Bch, FL  
Zip  
32168 Country  
USA

City & State  
Zip  
Country

4. FEI Number  
59-3298590

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GREATREX, WALTER W  
2938 MANGO TREE DRIVE  
EDGEWATER, FL 32141

## 7. Name and Address of New Registered Agent

Name  
Heidi L. Eldridge  
Street Address (P.O. Box Number is Not Acceptable)  
684 Sandberg Ln  
City  
New Smyrna Bch FL Zip Code  
32168

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

*Heidi L. Eldridge*

11/8/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LANE, SHAWN  
2411 GLINMORE CT  
NEW SMYRNA BEACH, FL 32168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
DESOTO, JODI R  
4313 GULF COVE  
NEW SMYRNA BEACH, FL 32169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KOPP, LORI W  
2071 MARSH HARBOUR DR  
NEW SMYRNA BEACH, FL 32168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GREATREX, WALTER  
2938 MANGO TREE DRIVE  
EDGEWATER, FL 32141 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
600082821586  
12/28/06--01033--020 \*\*70.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Heidi L. Eldridge  
684 Sandberg Ln  
New Smyrna Bch FL 32168 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Shawn Lane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/06

Date

386-690-1355

Daytime Phone #