

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90033 026 ****61.25

DOCUMENT # N95000004933					
1. Entity Name NSB CAPS, INC.					
Principal Place of Business 1015 10TH STREET NEW SMYRNA BEACH, FL 32168			Mailing Address PO BOX 1808 NEW SMYRNA BEACH, FL 32170-1808		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3298590	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAYLES, SALLY A 503 N CAUSEWAY, #501 NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME LANE, SHAWN STREET ADDRESS 2411 GLENMORE CT CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete				
TITLE SD NAME DESOTO, JODI R STREET ADDRESS 4313 GULF COVE CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME GREATREX, WALTER W STREET ADDRESS 2938 MANGO TREE RD. CITY - ST - ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Delete				
TITLE TD NAME BAYLES, SALLY A STREET ADDRESS 503 N. CAUSEWAY, #501 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE PD NAME Kennedy, George STREET ADDRESS 2538 Pine Tree Rd. CITY - ST - ZIP Edgewater, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE SD NAME Sappington, Susan STREET ADDRESS 1400 Almetto St. CITY - ST - ZIP New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Sally A. Bayles</u> Sally A. Bayles <u>2/4/2008</u> <u>386 428-0036</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					