


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90184 022 ****61.25

DOCUMENT # N99000002871					
1. Entity Name YULEE HISTORIC COUNCIL, INC.					
Principal Place of Business 85301 RADIO STREET YULEE, FL 32097		Mailing Address 85301 RADIO STREET YULEE, FL 32097			
2. Principal Place of Business No P.O. Box # 85301 Radio Avenue		3. Mailing Address 85301 Radio Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Yulee FL		City & State Yulee FL		4. FEI Number 59-3568863	
Zip 32097		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACOBS, ARTHUR I 961687 GATEWAY BLVD STE 201 I FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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)					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, MARY LOU		NAME	Tucker, Mary Lou	
STREET ADDRESS	85301 RADIO STREET		STREET ADDRESS	85301 Radio Avenue	
CITY- ST- ZIP	YULEE, FL 32097		CITY- ST- ZIP	Yulee FL 32097	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, MELBA		NAME		
STREET ADDRESS	96094 GLENWOOD ROAD		STREET ADDRESS		
CITY- ST- ZIP	YULEE, FL 32097		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANKE, FRED		NAME		
STREET ADDRESS	254 DUVAL DR		STREET ADDRESS		
CITY- ST- ZIP	FERNANDINA BEACH, FL 32034		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENDREE, JOYCE		NAME		
STREET ADDRESS	HWY 17 SOUTH, P.O. BOX 639		STREET ADDRESS		
CITY- ST- ZIP	YULEE, FL 32097		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BETH		NAME		
STREET ADDRESS	85746 BOSTICK WOOD DR		STREET ADDRESS		
CITY- ST- ZIP	FERNANDINA BEACH, FL 32034		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPER, LAWRENCE		NAME		
STREET ADDRESS	86408 PEEPLES RD		STREET ADDRESS		
CITY- ST- ZIP	YULEE, FL 32097		CITY- ST- ZIP		
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: <i>Mary Lou Tucker</i>			4-28-08		904-225-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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