

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003914

**Entity Name:** NASSAU COUNTY HOME EDUCATORS SUPPORT GROUP, INC.**Current Principal Place of Business:**86511 GOODBREAD RD.  
YULEE, FL 32097**Current Mailing Address:**86511 GOODBREAD RD  
YULEE, FL 32097 US**FEI Number:** 59-3657460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELL, ALISON N  
86511 GOODBREAD RD  
YULEE, FL 32097 US*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.***SIGNATURE:** ALISON BELL

03/07/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	BELL, ALISON N
Address	86511 GOODBREAD RD
City-State-Zip:	YULEE FL 32097

Title	PRESIDENT
Name	HEARNE, VICTORIA
Address	832 PARKVIEW PLACE WEST
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	OTHER
Name	RHYAN, JAIME
Address	67 HEADWATERS COURT
City-State-Zip:	KINGSLAND GA 31548

Title	TREASURER
Name	BURBO, ALISA
Address	96137 PRESTIGE LANE
City-State-Zip:	YULEE FL 32097

Title	PRESIDENT
Name	HEARNE, MICHAEL
Address	832 PARKVIEW PLACE WEST
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	VP
Name	BELL, AARON
Address	86511 GOODBREAD RD.
City-State-Zip:	YULEE FL 32097

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALISON BELL

VP

03/07/2025

Electronic Signature of Signing Officer/Director Detail

Date