

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/23/04

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-23-2004 90019 025 ****61.25

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DOCUMENT # N02000003166					
1. Entity Name NASSAU ALCOHOL CRIME DRUG ABATEMENT COALITION, INC.					
Principal Place of Business 1525 LIME STREET FERNANDINA BEACH, FL 32034			Mailing Address 1525 LIME STREET FERNANDINA BEACH, FL 32034		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 54-2076506				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			7. Name and Address of New Registered Agent		
HAMMOND, ROBERT C 1525 LIME STREET FERNANDINA BEACH, FL 32034			Name Street Address (P.O. Box Numbers Not Accepted) 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: <i>Robert Hammond</i>					
Filing Fee is \$61.25 Due by September 8, 2004		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	D	<input checked="" type="checkbox"/> Delete	TITLE	Andrew Powell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, BILL		NAME	1201 Atlantic Ave	Director
STREET ADDRESS	609 S 14 STREET		STREET ADDRESS	Fernandina Beach, FL	32034
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, JANET		NAME		
STREET ADDRESS	863 LAGUNA DR		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Susan Woodford	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNON, VICKI		NAME	624 Tarpon Ave	Director
STREET ADDRESS	1886 LAKESIDE D S		STREET ADDRESS	Fernandina Beach, FL	32034
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Holden Dodge, Susan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN-DODGE, SUSAN		NAME	11 South 11th Street	President
STREET ADDRESS	479 FELMOR RD		STREET ADDRESS	Fernandina Beach, FL	32034
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Lavinia Williams	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DIANE		NAME	1525 Lime St	Vice President
STREET ADDRESS	54 ST PAUL BLVD		STREET ADDRESS	Fernandina Beach, FL	32034
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	MCFADYEN, DON		NAME		
STREET ADDRESS	316 LIGHTHOUSE LANE		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a letter the empowered.					
SIGNATURE: <i>Susan Holden Dodge</i> 8/12/04 904 261-7000					