

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003166

FILED
Mar 23, 2009
Secretary of State

Entity Name: NASSAU ALCOHOL CRIME DRUG ABATEMENT COALITION, INC.

Current Principal Place of Business:

11 SOUTH 11TH STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

11 SOUTH 11TH STREET
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 54-2076506 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOODFORD, SUSAN
11 SOUTH 11TH STREET
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: POWELL, ANDREU
Address: 1201 ATLANTIC AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MS () Delete
Name: ROGERS, MARIE
Address: 4734 YACHTSMAN DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MS () Delete
Name: WOODFORD, SUSAN
Address: 624 TARPON AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MS () Delete
Name: HOLDEN-DODGE, SUSAN
Address: 11 SOUTH 11TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MS () Delete
Name: GRADYROBINSON, LAUREEN
Address: 2874 TIDEWATER STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: OFFI () Delete
Name: SCOTT, MARTY
Address: 1525 LIME STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN WOODFORD

Electronic Signature of Signing Officer or Director

CHAI

03/23/2009

_____ Date