

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14695 (3)
1. Corporation Name

NASSAU COUNTY MENTAL HEALTH, ALCOHOLISM AND DRUG ABUSE COUNCIL, INC.



Principal Place of Business: 1303 JASMINE STREET, BOX 5, FERNANDINA BEACH FL 32034
Mailing Address: 1303 JASMINE STREET, BOX 5, FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: 04/21/1986
3a. Date of Last Report: 03/10/1995

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| | | 30 | Country |

| | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 4. | FEI Number | Applied For |
| | 59-3029469 | Not Applicable |
| 5. | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | <input type="checkbox"/> | |
| 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | <input type="checkbox"/> | |
| 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

STRICKLAND, BETH
1303 JASMINE STREET
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

| | |
|----|----------------------------------------------------|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | STRICKLAND, BETH | |
| STREET ADDRESS | P.O. BOX 156 N/A | |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HARRIS, JOYCE | |
| STREET ADDRESS | ROUTE 3, BOX 70 | |
| CITY-ST-ZIP | CALLAHAN FL 32011 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KIRCUS, CHARLES | |
| STREET ADDRESS | RT. 4 BOX 223 LEESTONE RD. | |
| CITY-ST-ZIP | CALLAHAN FL 32034 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | COES, JOYCE | |
| STREET ADDRESS | 1211 JASMINE STREET | |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beth Strickland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 (904) 261-9453
Date Daytime Phone #

CR2E037 (12/95)