


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32034-4628
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3. Date Incorporated or Qualified 04/21/1986	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3029469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STRICKLAND, BETH		1.2 NAME GRAVES, CORNELIA	
STREET ADDRESS P.O. BOX 158 N/A		1.3 STREET ADDRESS 232 DUVAL ROAD	
CITY-ST-ZIP FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARRIS, JOYCE		2.2 NAME KETTEL, ANTON	
STREET ADDRESS ROUTE 3, BOX 70		2.3 STREET ADDRESS 39 SEA MARSH ROAD	
CITY-ST-ZIP CALLAHAN FL 32011		2.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KIRCUS, CHARLES		3.2 NAME DR WILLIAM McGRATH	
STREET ADDRESS RT. 4 BOX 223 LEESTONE RD.		3.3 STREET ADDRESS 2107 OAK BLUFF COURT	
CITY-ST-ZIP CALLAHAN FL 32034		3.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COES, JOYCE		4.2 NAME	
STREET ADDRESS 1211 JASMINE STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP FERNANDINA BEACH FL 32034		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)