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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90059 018 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N14695**

1. Corporation Name

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

Principal Place of Business

1894 S 14TH ST  
 SUITE 312  
 FERNANDINA BEACH FL 32034  
 US

Mailing Address

1890 S 14TH ST  
 SUITE 312  
 FERNANDINA BEACH FL 32034  
 US

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/21/1986

4. FEI Number

59-3029469

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
 Added to Fees

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 Strickland, Beth  
 82 Street Address (P.O. Box Number is Not Acceptable)  
1890 S 14th St. # 312  
 83  
 84 City Fernandina Beh. FL <sup>85</sup> Zip Code 32034

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	D	<input type="checkbox"/> DELETE
NAME	GRAVES, CORNELIA	
STREET ADDRESS	232 DUVAL RD.	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGRATH, WILLIAM	
STREET ADDRESS	2107 OAK BLUFF CT.	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Holmes	
1.3 STREET ADDRESS	609 South 14th St.	
1.4 CITY-ST-ZIP	Fernandina Beach, Fl. 32034	
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 (904) 321-0888  
 Date Daytime Phone #

CR2E037 (1/198)