

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14695

FILED
Jan 12, 2005
Secretary of State

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

Current Principal Place of Business:

910 SOUTH 8TH ST
SUITE 300
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

910 SOUTH 8TH ST
SUITE 300
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-3029469 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEWS, EDWIN W
910 S 8TH ST #360
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: D () Delete
Name: LAWRENCE, LYNDA
Address: 1991 NASSAU PLACE
City-St-Zip: YULEE, FL 32097

Title: D () Delete
Name: BARLOW, ANNE L DR.
Address: 20 S 19TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD () Delete
Name: SCHRODER, TED
Address: P. O. BOX 8014
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D () Delete
Name: MORGAN-JONES, BOBBI
Address: P. O. BOX 630
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D () Delete
Name: MCFADYEN, DONALD
Address: 316 LIGHTHOUSE LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: DONALDSON, JOAN
Address: 13 BELTED KINGFISHER ROAD
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAWRENCE, LYNDA
Address: 2901 HAVEN ROAD
City-St-Zip: YULEE, FL 32097

Title: D (X) Change () Addition
Name: NODEN, MALCOLM
Address: 2120 CALAIS LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

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
Name:
Address:
City-St-Zip:

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

MR

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date