

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14695

FILED
Jan 05, 2007
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: JERI, KOLKE
Address: 1750 S 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: NODEN, MALCOLM
Address: 2120 CALAIS LANE
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: LITTLE, BOB
Address: 95044 WILLET WAY
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SCHRODER, TED
Address: P. O. BOX 8014
City-St-Zip: AMELIA ISLAND, FL 32035

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 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: JAMES W ECKLOF JR

CFO

01/05/2007

Electronic Signature of Signing Officer or Director

Date