

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14695

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

463142 SR 200
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

463142 SR 200
YULEE, FL 32097 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

PAGEL, LAUREEN
463142 SR 200
YULEE, FL 32097 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: VPD () Delete
Name: DONALDSON, JOAN
Address: 13 BELTED KINGFISHER RD
City-St-Zip: AMELIA ISLAND, FL 32034

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

Title: D () Delete
Name: CARAWAY, VIRGINIA
Address: 25145 TWIN OAKS LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: RICHMAN, MERLE
Address: 2408 BOXWOOD LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: LAURIE CHESLEY

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date