## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14695

Jan 07, 2011 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

463142 SR 200

YULEE, FL 32097 US

**Current Mailing Address: New Mailing Address:** 

463142 SR 200

YULEE, FL 32097 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAGEL, LAUREEN 463142 SR 200

YULEE, FL 32097 US

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:**

**VPD** 

DONALDSON, JOAN Name: Address: 13 BELTED KINGFISHER RD City-St-Zip: AMELIA ISLAND, FL 32034

Title: PD

Name: NODEN, MALCOLM Address: 2120 CALAIS LANE

City-St-Zip: FERNANDINA BEACH, FL 32034

Title:

CARAWAY, VIRGINIA Name: Address: 25145 TWIN OAKS LANE City-St-Zip: FERNANDINA BEACH, FL 32034

Title:

Name: MORGAN-JONES, BOBBI

P. O. BOX 630 Address:

City-St-Zip: FERNANDINA BEACH, FL 32035

Title:

Title:

MCFADYEN, DONALD Name: 316 LIGHTHOUSE LANE Address: FERNANDINA BEACH, FL 32034 City-St-Zip:

FRANK, WILLIAM Name: Address: 3 FOX TAIL ROAD

AMELIA ISLAND, FL 32034 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: LAUREEN PAGEL CEO 01/07/2011