

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14695

FILED
Jan 05, 2012
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
Name: MAHONY, MICHAEL J
Address: 4136 SOUTH FLETCHER AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD
Name: FRANK, WILLIAM P
Address: 3 FOX TAIL ROAD
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D
Name: CARAWAY, VIRGINIA
Address: 95294 TWIN OAKS LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D
Name: O'NEAL, JANE
Address: 2021 JASMINE STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D
Name: LOWE, SUE
Address: 75231 RAVENWOOD DRIVE
City-St-Zip: YULEE, FL 32097

Title: D
Name: TIPPINS, JIM
Address: 508 SPANISH WAY WEST
City-St-Zip: FERNANDINA BEACH, FL 32034

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: WILLIAM P FRANK

PD

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date