

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003166

**FILED  
Mar 03, 2015  
Secretary of State  
CC3915490721**

**Entity Name:** NASSAU ALCOHOL CRIME DRUG ABATEMENT COALITION, INC.

**Current Principal Place of Business:**

435 CITRONA DRIVE  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

435 CITRONA DRIVE  
FERNANDINA BEACH, FL 32034

**FEI Number: 54-2076506**

**Certificate of Status Desired: No**

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

WOODFORD, SUSAN DIRECTO  
435 CITRONA DRIVE  
FERNANDINA BEACH, FL 32034 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

**Officer/Director Detail :**

Title MR.  
Name MCCRARY, MARSHALL  
Address 435 CITRONA DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MS  
Name DEBERRY, BECKY  
Address 435 CITRONA DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MRS  
Name GREESON, GAIL  
Address 435 CITRONA DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MS  
Name PITCHER, MARY  
Address 435 CITRONA DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR  
Name WOODFORD, SUSAN  
Address 435 CITRONA DRIVE  
City-State-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: SUSAN WOODFORD**

**EXECUTIVE DIRECTOR**

**03/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date