

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14695

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

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC5465406303**

**Current Principal Place of Business:**

463142 SR 200  
YULEE, FL 32097

**Current Mailing Address:**

463142 SR 200  
YULEE, FL 32097 US

**FEI Number: 59-3029469**

**Certificate of Status Desired: Yes**

**Name and Address of Current 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

**Officer/Director Detail :**

Title VPD  
Name ASHWELL, DRUE  
Address 97192 MITCHELL ROAD  
City-State-Zip: YULEE FL 32097

Title PD  
Name BILLINGS, CHERIE  
Address 734 OCEAN CLUB PLACE  
City-State-Zip: AMELIA ISLAND FL 32034

Title D  
Name CALFEE, ANNETTE  
Address 85575 BOSTICK WOOD DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name BARNES, PAUL  
Address 843 ELLEN STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

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

Title DIRECTOR  
Name MCKENNA, THOMAS  
Address 2668 OCEAN COVE 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: CHERIE BILLINGS**

**PD**

**01/13/2014**

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

\_\_\_\_\_  
Date