100110				
463142 S YULEE, I	R 200 FL 32097 US			
FEI Num	ber: 59-3029469		Certificate of Status De	esired: Yes
Name and	d Address of Current Registered Age	ent:		
PAGEL, LAU 463142 SR YULEE, FL	200			
The above na	amed entity submits this statement for the purpose of ch	anging its registered office or re	egistered agent or both in the State of	Florida
The above na SIGNATU	amed entity submits this statement for the purpose of ch	anging its registered office or re	egistered agent, or both, in the State of	Florida.
		anging its registered office or re	egistered agent, or both, in the State of	Florida. Date
SIGNATU	JRE:	anging its registered office or re	egistered agent, or both, in the State of	
SIGNATU	IRE: Electronic Signature of Registered Agent	anging its registered office or re	egistered agent, or both, in the State of	
SIGNATU Officer/D	IRE: Electronic Signature of Registered Agent irector Detail :			
SIGNATU Officer/D	IRE: Electronic Signature of Registered Agent irector Detail : VPD	Title	PD	

City-State-Zip:

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

YULEE FL 32097

BILLINGS, CHERIE

MOSLEY, JOHN

11409 OAKLAWN ROAD

JACKSONVILLE FL 32218

7 FISH HAWK DRIVE

FERNANDINA BEACH FL 32034

TREASURER

CFO

### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N14695

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

#### **Current Principal Place of Business:**

City-State-Zip: FERNANDINA BEACH FL 32034

SAULS, KELLENE

YULEE FL 32097

PAGEL, LAUREEN

3002 RIVERSIDE DRIVE

FERNANDINA BEACH FL 32034

CEO

96568 BLACKROCK ROAD

SECRETARY

463142 SR 200 YULEE, FL 32097

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

## **Current Mailing Address:**

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	04/24/2019

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 24, 2019 Secretary of State 4736551648CC

Date