

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14695

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

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC1646641139**

**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	D
Name	CARAWAY, VIRGINIA
Address	95294 TWIN OAKS LANE
City-State-Zip:	FERNANDINA BEACH FL 32034
Title	D
Name	CUNNINGHAM, THERESA A
Address	115 SEA MARSH ROAD
City-State-Zip:	FERNANDINA BEACH FL 32034

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	TIPPINS, JIM
Address	508 SPANISH WAY WEST
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**

**01/29/2013**

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

\_\_\_\_\_  
Date