

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14695

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC6964879688**

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

**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 BARNES, PAUL  
Address 97056 ARNOLD RIDGE DRIVE  
City-State-Zip: YULEE FL 32097

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

Title SECRETARY  
Name BELL, NANCY  
Address POBOX 17225  
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR  
Name MCKENNA, THOMAS  
Address 2668 OCEAN COVE DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title TREASURER  
Name SAMSON, DAVE  
Address 1866 1ST AVENUE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title OFFICER  
Name PAGEL, LAUREEN  
Address 3002 RIVERSIDE DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title CFO  
Name MOSLEY, JOHN  
Address 11409 OAKLAWN ROAD  
City-State-Zip: JACKSONVILLE FL 32218

*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**

**REPRESENTATIVE**

**01/10/2017**

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

\_\_\_\_\_  
Date