

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14695

FILED
Mar 28, 2016
Secretary of State
CC7719081513

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 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 SECRETARY
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

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 SLAYTON, PAULA
Address 463142 SR 200
City-State-Zip: YULEE FL 32097

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

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date