

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90235 043 ****70.00

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DOCUMENT # NO2000003166

1. Entity Name

**NASSAU ALCOHOL CRIME DRUG ABATEMENT COALITION, I
NC.**



Principal Place of Business

**1525 LIME STREET
FERNANDINA BEACH FL 32034**

Mailing Address

**1525 LIME STREET
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2076506

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HAMMOND, ROBERT C
1525 LIME STREET
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HOLMES, BILL**
STREET ADDRESS **609 S 14 STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Change ☒ Addition
NAME **MORGAN MILLER**
STREET ADDRESS **4088 HEATH POINT LANE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Delete
NAME **ADKINS, JANET**
STREET ADDRESS **863 LAGUNA DR**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** ☐ Change ☐ Addition
NAME **VICKY SAMUS**
STREET ADDRESS **3729 PIRATES WAY**
CITY-ST-ZIP **YULEE FL 32097**

TITLE **D** ☐ Delete
NAME **CANNON, VICKI**
STREET ADDRESS **1886 LAKESIDE D S**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOLDEN-DODGE, SUSAN**
STREET ADDRESS **479 FELMOR RD**
CITY-ST-ZIP **YULEE CH FL 32097**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOHNSON, DIANE**
STREET ADDRESS **54 ST PAUL BLVD**
CITY-ST-ZIP **YULEE FL 32097**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCFADYEN, DON**
STREET ADDRESS **316 LIGHTHOUSE LANE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUEL MILLER

23 MARCH 03 904 703-6343

CR2E037 (10/02)