

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14695

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

463142 SR 200  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

463142 SR 200  
YULEE, FL 32097 US

**New Mailing Address:**

**FEI Number:** 59-3029469      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PAGEL, LAUREEN  
463142 SR 200  
YULEE, FL 32097 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DONALDSON, JOAN  
Address: 13 BELTED KINGFISHER RD  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: PD ( ) Delete  
Name: NODEN, MALCOLM  
Address: 2120 CALAIS LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: CARAWAY, VIRGINIA  
Address: 25145 TWIN OAKS LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: MORGAN-JONES, BOBBI  
Address: P. O. BOX 630  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D ( ) Delete  
Name: MCFADYEN, DONALD  
Address: 316 LIGHTHOUSE LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: RICHMAN, MERLE  
Address: 2408 BOXWOOD LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURIE CHESLEY

CFO

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date