2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N14695

Mar 17, 2011
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

463142 SR 200

YULEE, FL 32097 US

Current Mailing Address: New Mailing Address:

463142 SR 200

YULEE, FL 32097 US

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

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

PAGEL, LAUREEN 463142 SR 200 YULEE, FL 32097

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:

Γitle: VPD

Name: MAHONY, MICHAEL J

Address: 4136 SOUTH FLETCHER AVENUE City-St-Zip: FERNANDINA BEACH, FL 32034

US

Title: PD

 Name:
 FRANK, WILLIAM P

 Address:
 3 FOX TAIL ROAD

 City-St-Zip:
 AMELIA ISLAND, FL 32034

Title: D

 Name:
 CARAWAY, VIRGINIA

 Address:
 25145 TWIN OAKS LANE

 City-St-Zip:
 FERNANDINA BEACH, FL 32034

Title: [

Name: O'NEAL, JANE

Address: 2021 JASMINE STREET

City-St-Zip: FERNANDINA BEACH, FL 32034

Title:

Name: LOWE, SUE

Address: 75231 RAVENWOOD DRIVE

City-St-Zip: YULEE, FL 32097

Title:

Name: TIPPINS, JIM

Address: 508 SPANISH WAY WEST
City-St-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: WILLIAM P FRANK PD 03/17/2011