

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N25054

1. Entity Name

NASSAU COUNTY ALLIANCE FOR MENTALLY ILL, INC.



FILED
Mar 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

NASSAU COUNTY
FERNANDINA BCH. FL 32035

Mailing Address

PO BOX 15816
FERNANDINA BCH FL 32035



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2938122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

COLLINSN, ANN
101 SOUTH 17TH 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 reactivating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE PD ☐ Delete
NAME MOHN, LISA
STREET ADDRESS 1725 LISA AVE
CITY-STATE-ZIP FERNANDINA BEACH FL 32034

TITLE VPD ☐ Delete
NAME PHILLIPS, NANCY
STREET ADDRESS 2629 BENZ PLACE
CITY-STATE-ZIP FERNANDINA BEACH FL 32034

TITLE SD ☐ Delete
NAME SHOWALTER, MARILYN
STREET ADDRESS 1834 SOUTH FLETCHER
CITY-STATE-ZIP FERNANDINA BEACH FL 32034

TITLE TD ☐ Delete
NAME COLLINS, ANN
STREET ADDRESS 101 SOUTH 17TH ST.
CITY-STATE-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ann Collins

Ann Collins

3/9/07