

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N25054

1. Entity Name
NASSAU COUNTY ALLIANCE FOR MENTALLY ILL, INC.



Principal Place of Business
NASSAU COUNTY
FERNANDINA BCH., FL 32035

Mailing Address
PO BOX 15816
FERNANDINA BCH, FL 32035

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2938122

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLLINSN, ANN
101 SOUTH 17TH STREET
FERNANDINA BEACH, FL 32034

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000955583
07/18/08-80003-020 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08 904-261-8414

Date

Daytime Phone #