

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25054

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

NASSAU COUNTY
FERNANDINA BCH., FL 32035

New Principal Place of Business:

516 S. 10TH ST.
SUITE #303
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

PO BOX 15816
FERNANDINA BCH, FL 32035

New Mailing Address:

PO BOX 15816
FERNANDINA BEACH, FL 32035

FEI Number: 59-2938122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DICKENS, BONNIE
4959 QUATTLEFIELD LANE
FERNANDINA BEACH, FL 32034 US

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: BONNIE DICKENS

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOHN, LISA
Address: 1725 LISA AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD () Delete
Name: PHILLIPS, NANCY
Address: 2629 BENZ PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete
Name: SHOWALTER, MARILYN
Address: 1834 SOUTH FLETCHER
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD () Delete
Name: COLLINS, ANN
Address: 101 SOUTH 17TH ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOHN, LISA
Address: 1725 LISA AVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VPD (X) Change () Addition
Name: PHILLIPS, NANCY
Address: 2629 BENZ PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: SD (X) Change () Addition
Name: SHOWALTER, MARILYN
Address: 1834 SOUTH FLETCHER
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: TD (X) Change () Addition
Name: DICKENS, BONNIE
Address: 4959 QUATTLEFIELD LANE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: BONNIE DICKENS

TD

04/29/2009

Electronic Signature of Signing Officer or Director

Date