# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2011**
**Secretary of State**

DOCUMENT# N25054

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15816
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

**FEI Number: 59-2938122** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DICKENS, BONNIE
4959 QUATTLEFIELD LANE
FERNANDINA BEACH, FL 32034 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: PD
Name: MOHN, LISA
Address: 1725 LISA AVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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

Title: SD
Name: SHOWALTER, MARILYN
Address: 1834 SOUTH FLETCHER AVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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

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: BONNIE DICKENS TD 04/13/2011

Electronic Signature of Signing Officer or Director Date