2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N25054

Apr 25, 2013 Secretary of State

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

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

516 S. 10TH ST. **SUITE #303**

FERNANDINA BEACH, FL 32034 US

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

DICKENS, BONNIE NASSAU NAMI 4959 QUÁTTLEFIELD LANE 516 S. 10TH ST.

FERNANDINA BEACH, FL 32034 US SUITE #303

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: TRACI FUGLESTAD 04/25/2013

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MOHN, LISA Name: Address: 1725 LISA AVE

City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title:

Name: WHITMAN, SUSAN Address: 996 CITRONA DRIVE #2308 City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: SD

FUGLESTAD, TRACI Name:

86155 COURTNEY ISLES WAY # 2107 Address:

City-St-Zip: YULEE, FL 32097 US

Title: TD

Name: WEBB, SAMANTHA Address: 2004 HIGHLAND DRIVE

City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title:

Name: HELLER, JO

994 OCEAN OVERLOOK DRIVE Address: FERNANDINA BEACH, FL 32034 City-St-Zip:

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: TRACI FUGLESTAD SD 04/25/2013