2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N00671

Entity Name: NAMI MARTIN COUNTY, INC.

Current Principal Place of Business:

1950 SW PALM CITY ROAD
APT 1-104
STUART, FL 349951082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1082
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2444160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, THOMAS R
1950 PALM CITY ROAD
APT 1-104
STUART, FL 34994 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:	TD	( ) Delete
Name:	TAYLOR, THOMAS R	
Address:	1950 PALM CITY RD APT 1104	
City-St-Zip:	STUART, FL 34994 US	
Title:	D	( ) Delete
Name:	TAYLOR, MARGARET E	
Address:	1950 PALM CITY ROAD APT 1104	
City-St-Zip:	STUART, FL 34994 US	
Title:	VPD	( ) Delete
Name:	DIXON, BARBARA	
Address:	208 EVERGLADES BLVD	
City-St-Zip:	STUART, FL 34994 US	
Title:	PD	( ) Delete
Name:	BAKER, PAMELA	
Address:	1775 SW ST ANDREWS DRIVE	
City-St-Zip:	PALM CITY, FL 34990 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: THOMAS R TAYLOR TD 04/29/2009

Electronic Signature of Signing Officer or Director — Date