SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State
08-17-1999 90005 005 ****61.25

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DOCUMENT # N13465

1. Corporation Name
NAMI GREATER ORLANDO, INC.

Principal Place of Business	Mailing Address
407 LAKE HOWELL RD SUITE 123 MAITLAND FL 32751 US	407 LAKE HOWELL RD SUITE 123 MAITLAND FL 32751 US

606422 - 90005 - 5

2. Principal Place of Business 21 2242 Winter Woods Blvd Suite, Apt. #, etc. 22 Suite C City & State 23 Winter Park, FL Zip / Country 24 32792 / 25 Orange	2a. Mailing Address 26 2242 Winter Woods Blvd. Suite, Apt. #, etc. 27 Suite C City & State 28 Winter Park, FL Zip / Country 29 32792 / 30 Orange	3. Date Incorporated or Qualifed 01/22/1986 4. FEI Number 59-2600149 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PURCELL, ANN F.
828 TUSCARORA TRAIL
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☑ DELETE	1.1 TITLE	Co-President/D	☐ Change ☑ Addition
NAME	HORA, DEE		1.2 NAME	Ann Purcell	
STREET ADDRESS	3524 LAKE HARNEY CIR		1.3 STREET ADDRESS	828 Tusarora Tr	
CITY-ST-ZIP	GENEVA FL 32732		1.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	VP	☑ DELETE	2.1 TITLE	Co-President/D	☐ Change ☑ Addition
NAME	SIEGEL, J		2.2 NAME	Martie Schubert	
STREET ADDRESS	856 MELLOWOOD AVE		2.3 STREET ADDRESS	1260 Sara Court	
CITY-ST-ZIP	ORLANDO FL 32825		2.4 CITY-ST-ZIP	WINTER Park, FL 32789	
TITLE	T	☐ DELETE	3.1 TITLE	VP/D	☐ Change ☑ Addition
NAME	BRIER, HARRY S		3.2 NAME	D. Michael Mathes	
STREET ADDRESS	1500 GAY RD #22D		3.3 STREET ADDRESS	641 W. Michigan St	
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-ST-ZIP	Orlando, FL 32805	
TITLE	SD	☑ DELETE	4.1 TITLE	S/D	☐ Change ☑ Addition
NAME	HAYMAN, GLORIA (MRS)		4. 2 NAME	Joyce Johnson	
STREET ADDRESS	500 ROYAL PALM COURT		4.3 STREET ADDRESS	2905 Chantilly Ave	
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP	WINTER Park, FL 32789	
TITLE	PD	☑ DELETE	5.1 TITLE	~~Jim Crawford~~ D	☐ Change ☑ Addition
NAME	BLAKELY, G		5.2 NAME	Jim Crawford	
STREET ADDRESS	1714 SINGING PALM DR		5.3 STREET ADDRESS	2215 Geisel CT.	
CITY-ST-ZIP	APOPKA FL 32712		5.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Fibber Magee	
STREET ADDRESS			6.3 STREET ADDRESS	4764 Shorecrest Dr.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, FL 32817	

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Michael Mathes D. Michael Mathes, V.P. 407-657-6264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #