


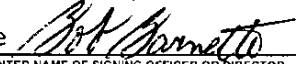
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90252 013 ****61.25

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DOCUMENT # N34079							
1. Entity Name NAMI TALLAHASSEE, INC.							
Principal Place of Business %FAYE L. BARNETTE 2024 DOOMAR DRIVE TALLAHASSEE, FL 32308			Mailing Address %FAYE L. BARNETTE 2024 DOOMAR DRIVE TALLAHASSEE, FL 32308				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01032007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2967900 Applied For Not Applicable			
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
BARNETTE, FAYE L. 2024 DOOMAR DRIVE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOWLES, DOUGLAS		NAME	Livingston, Mimi			
STREET ADDRESS	6588 MONTROSE TRAIL		STREET ADDRESS	4823 Bradfordville Rd.			
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	Tallahassee, FL 32309			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIVINGSTON, MIMI		NAME	Salpeter, Judith			
STREET ADDRESS	4823 BRADFORDVILLE ROAD		STREET ADDRESS	1108 Brafforton Dr.			
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	Tallahassee, FL 32311			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNETTE, BOB		NAME				
STREET ADDRESS	2024 DOOMAR DR		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP				
TITLE	1VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNETTE, FAYE		NAME				
STREET ADDRESS	2024 DOOMAR DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP				
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANTES, MAX		NAME	Coxen, Dayle			
STREET ADDRESS	2959 APALACHEE PARKWAY SUITE E-16		STREET ADDRESS	110 Gilcrease Ln.			
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Quincy, FL 32351			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Bob Barnette				1/5/07 850-877-1625			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			