

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N34079

Entity Name: NAMI TALLAHASSEE, INC.

Current Principal Place of Business:

%FAYE L. BARNETTE
2024 DOOMAR DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

%FAYE L. BARNETTE
2024 DOOMAR DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2967900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETTE, FAYE L.
2024 DOOMAR DRIVE
TALLAHASSEE, FL 32308 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 () Delete
Name: BARNETTE, FAYE
Address: 2024 DOOMAR DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: WELDON, DEBROAH
Address: 9720 FARAWAY FARM RD
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: BARNETTE, BOB
Address: 2024 DOOMAR DR
City-St-Zip: TALLAHASSEE, FL

Title: VP () Delete
Name: HALEY, COLIIN
Address: 3117 HUTTERFIELD CIR
City-St-Zip: TALLAHASSEE, FL 32303

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: 1-VP (X) Change () Addition
Name: HALEY, COLLIN
Address: 409 N. GADSDEN ST., #109
City-St-Zip: TALLAHASSEE, FL 32301

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: BOB BARNETTE

TD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date