

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34079

FILED  
Jan 06, 2012  
Secretary of State

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: SD  
Name: SLADE, MARSHA  
Address: 1340 TERRACE ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD  
Name: BARNETTE, BOB  
Address: 2024 DOOMAR DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD  
Name: HALEY, COLLIN  
Address: 2731 S. BLAIRSTONE RD., UNIT 33  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD  
Name: STRONG, DORIS  
Address: 4117 SCARLETT DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD  
Name: SCHECK, ROSE ANN  
Address: 396 MOODY LANE  
City-St-Zip: HAVANA, FL 32333

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: BOB L. BARNETTE

TD

01/06/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date