# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004572

Entity Name: DAUGHTERS OF NAOMI, INC.

FILED Mar 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

665 HOWARD ST FT PIERCE, FL 34982

Current Mailing Address: New Mailing Address:

665 HOWARD ST FT PIERCE, FL 34982

FEI Number: 11-3643449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEORGE, SANDRA D 665 HOWARD ST FT PIERCE, FL 34982

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:

Flateria Circular of Davidson I Associa

## Electronic Signature of Registered Agent

#### Date

### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DC
 () Delete
 Title:
 DC
 (X) Change () Addition

 Name:
 GEORGE, STUART W
 Name:
 GEORGE, STUART W DVM

 Address:
 665 HOWARD ST
 Address:
 665 HOWARD ST

 City-St-Zip:
 FT PIERCE, FL 34982
 City-St-Zip:
 FT PIERCE, FL 34982

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GEORGE, SANDRA D
 Name:

 Address:
 665 HOWARD ST
 Address:

 City-St-Zip:
 FT PIERCE, FL 34982
 City-St-Zip:

Title: D ( ) Delete Title: DT (X) Change ( ) Addition

 Name:
 SMITH, TODD
 Name:
 BRUHN, VANGY

 Address:
 513 QUINCY AVE
 Address:
 1003 TENNESSEE AVE

 City-St-Zip:
 FT PIERCE, FL 34950
 City-St-Zip:
 FT PIERCE, FL 34950

Title: D ( ) Delete Title: DVP (X) Change ( ) Addition

 Name:
 OWENS, JEFF
 Name:
 OWENS, JEFF

 Address:
 5806 HICKORY DR
 5806 HICKORY DR

 City-St-Zip:
 FORT PIERCE, FL 34982
 City-St-Zip:
 FORT PIERCE, FL 34982

Title: D ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 OVERCASH, TRULA
 Name:
 HANSON, JOLYNN

 Address:
 1499 CAPTAIN'S WALK
 Address:
 7993 SADDLEBROOK DR

 City-St-Zip:
 FORT PIERCE, FL 34950
 City-St-Zip:
 PORT ST. LUCIE, FL 34986

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: STEAKIN, BILL

Address: Address: 1421 SE BERNADO TERRACE
City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA D GEORGE PRES 03/10/2004

ANN NELSON, DIRECTOR 2808 OLEANDER BLVD FT. PIERCE, FL 34982