




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90021 036 ****75.00

DOCUMENT # N02000004572 1. Entity Name DAUGHTERS OF NAOMI, INC.					
Principal Place of Business 665 HOWARD ST FT PIERCE, FL 34982			Mailing Address 665 HOWARD ST FT PIERCE, FL 34982		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">20064168</div>  <div style="margin-top: 10px;"> 05142005 Chg-NP CR2E037 (10/03) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 11-3643449		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">20064168</div>  <div style="margin-top: 10px;"> 05142005 Chg-NP CR2E037 (10/03) </div>	
6. Name and Address of Current Registered Agent GEORGE, SANDRA D 665 HOWARD ST FT PIERCE, FL 34982					
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 September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	DC GEORGE, STUART W DVM 665 HOWARD ST FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Kathy Cain <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 816 Alacia Rd Vero Beach, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEORGE, SANDRA D 665 HOWARD ST FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ken Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 251st CT. SW. Vero Beach, FL 32962		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRUHN, VANGY 1003 TENNESSEE AVE FT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Craig Bridgers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1904 SW Del Rio Blvd PSL, FL 34986		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OWENS, JEFF 5806 HICKORY DR FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anne Nelson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5105 Poleo Pines FT Pierce, FL 34951		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HANSON, JOLYNN 7993 SADDLEBROOK DR PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEAKIN, BILL 1421 SE BERNADO TERRACE PORT ST. LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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: <u>Stuart George</u> <u>5-10-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

772-467-2535