

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90026 031 \*\*\*\*61.25

<b>DOCUMENT # N02000004572</b>					
<b>1. Entity Name</b> DAUGHTERS OF NAOMI, INC.					
<b>Principal Place of Business</b> 665 HOWARD ST FT PIERCE, FL 34982			<b>Mailing Address</b> 665 HOWARD ST FT PIERCE, FL 34982		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-3643449	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GEORGE, SANDRA D 665 HOWARD ST FT PIERCE, FL 34982			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DC <b>NAME</b> GEORGE, STUART W DVM <b>STREET ADDRESS</b> 665 HOWARD ST <b>CITY-ST-ZIP</b> FT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Stuart George <b>STREET ADDRESS</b> 665 Howard Street <b>CITY-ST-ZIP</b> Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> GEORGE, SANDRA D <b>STREET ADDRESS</b> 665 HOWARD ST <b>CITY-ST-ZIP</b> FT PIERCE, FL 34982	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TOWNSEND-KING, CATHY <b>STREET ADDRESS</b> 3601 N A1A <b>CITY-ST-ZIP</b> FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Carol Ernst <b>STREET ADDRESS</b> 343 Egret Circle <b>CITY-ST-ZIP</b> Barfoot Bay, FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WORD, TRACY <b>STREET ADDRESS</b> 2367 WINDSOR WAY <b>CITY-ST-ZIP</b> BARTLESVILLE, OK 74006	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MIRET, KAREN <b>STREET ADDRESS</b> 7950 POPPY HILLS LANE <b>CITY-ST-ZIP</b> PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RINDERKNECHT, LINDA <b>STREET ADDRESS</b> 2225 SE SEAMIST STREET <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> LISA SMITH <b>STREET ADDRESS</b> 839 SW GRAND RESERVE BLVD. <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Sandra George</i>			02/04/08		772-467-2535
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>