

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004572

Entity Name: DAUGHTERS OF NAOMI, INC.**Current Principal Place of Business:**130 S INDIAN RIVER DR.
SUITE 301
FORT PIERCE, FL 34982**Current Mailing Address:**4049 GREENWOOD DR.
FORT PIERCE, FL 34982 US**FEI Number:** 11-3643449**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOACH, THERESA
4049 GREENWOOD DR
FORT PIERCE, FL 34982 US*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:** THERESA NOACH

03/08/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	CRUZ, HEATHER
Address	1117 SW ABINGDON AVE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	CO-TRUSTEE
Name	BROWN, KENNETH DR.
Address	5261 TREE TOP TRAIL
City-State-Zip:	FORT PIERCE FL 34951

Title	PRESIDENT, CEO, PASTOR
Name	NOACH, THERESA A
Address	4049 GREENWOOD DR.
City-State-Zip:	FORT PIERCE FL 34982

Title	TRUSTEE
Name	FRASER, KEN
Address	10 HARBOUR ISLES DR. EAST
City-State-Zip:	FORT PIERCE FL 34989

Title	SECRETARY
Name	CALVO, SARA
Address	13 VIRGINIA PARK BLVD
City-State-Zip:	FORT PIERCE FL 34947

Title	OTHER
Name	BROWN, LYNN
Address	5261 TREE TOP TRAIL
City-State-Zip:	FORT PIERCE FL 34951

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: THERESA A NOACH

PRESIDENT

03/08/2020

Electronic Signature of Signing Officer/Director Detail

Date