

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008152

Entity Name: NAMI GAINESVILLE, INC.**Current Principal Place of Business:**3427 NW 40TH TERRACE
GAINESVILLE, FL 32606**Current Mailing Address:**P.O. BOX 358703
GAINESVILLE, FL 32635 US**FEI Number:** 45-3612306**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOCKWELL, ARTHUR M
3427 NW 40TH TERRACE
GAINESVILLE, FL 32606 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:** ARTHUR M STOCKWELL

05/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STOCKWELL, ARTHUR
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title DIRECTOR
Name SAVOIE, DON S
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title SECRETARY, DIRECTOR
Name GARVAN, CYNDI
Address P. O, BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title DIRECTOR
Name STEVENS, BRUCE
Address P. O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title DIRECTOR
Name LEVY, ALEXIS SANDY
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title DIRECTOR
Name SULLIVAN, JULIA
Address P.O. BOX
City-State-Zip: GAINESVILLE FL 32635

Title VP
Name REISER, JAMES
Address P.O. BOX
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name SHAMEL, PAMELA
Address P.O. BOX
City-State-Zip: GAINESVILLE FL 32635

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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: ARTHUR STOCKWELL

DIRECTOR

05/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MULLIN, TERESA
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title DIRECTOR
Name BUSSING, REGINA
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title DIRECTOR
Name HANKINS, GARY
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title TREASURER
Name HUTCHINSON, ROBERT
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title DIRECTOR
Name LABARTA, MARGARITA
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635

Title PRESIDENT
Name MCDERMOTT, CAROL
Address P.O. BOX 358703
City-State-Zip: GAINESVILLE FL 32635