

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34079

**Entity Name:** NAMI TALLAHASSEE, INC.

**Current Principal Place of Business:**

%FAYE L. BARNETTE  
2024 DOOMAR DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

P O BOX 14842  
TALLAHASSEE, FL 32317 US

**FEI Number:** 59-2967900

**Certificate of Status Desired:** No

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

BARNETTE, FAYE L.  
2024 DOOMAR DRIVE  
TALLAHASSEE, FL 32308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name O'FARRELL, NANCY  
Address 3020 GODFREY PL  
City-State-Zip: TALLAHASSEE FL 32309

Title TD  
Name BROWN, PATRICIA W  
Address 3504 SHARER RD  
City-State-Zip: TALLAHASSEE FL 32312

Title 2NDVPD  
Name FOSTER, CYNTHIA  
Address 133 OAK ST  
City-State-Zip: TALLAHASSEE FL 32301

Title 1ST VPD  
Name BARBER, DENISE  
Address 2813 MISTY GARDEN CIRCLE  
City-State-Zip: TALLAHASSEE FL 32303

Title PD  
Name LIEBENHAUT, MATT  
Address 4832-B KERRY FOREST PARKWAY  
City-State-Zip: TALLAHASSEE FL 32309

*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:** PATRICIA W BROWN

**TREASURER**

**02/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date