## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34079

Entity Name: NAMI TALLAHASSEE, INC.

**Current Principal Place of Business:** 

NAMI TALLAHASSEE, INC.

1718 MAHAN DR. LOWER LEVEL SUITE B

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:

HARRISON, NANCY NAMI TALLAHASSEE, INC. 1718 MAHAN DR. LOWER LEVEL SUITE B 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: NANCY HARRISON 02/07/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title EXECUTIVE DIRECTOR Title **TREASURER** O'FARRELL, NANCY MCCORVEY, LORIS Name Name

P O BOX 14842 P O BOX 14842 Address Address

TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip:

Title VP, 1ST Title **PRESIDENT** 

Name MCMILLAN, BERNICE Name CARTER, REBECCA

Address P O BOX 14842 P O BOX 14842 Address

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title **SECRETARY** Name WIMAN, ALLISON Address P O BOX 14842

City-State-Zip: TALLAHASSEE FL 32317

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: NANCY O'FARRELL Electronic Signature of Signing Officer/Director Detail **PRESIDENT** 

02/07/2023

**FILED** Feb 07, 2023

**Secretary of State** 

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