

**2024 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

01/31/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name O'FARRELL, NANCY  
Address P O BOX 14842  
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER  
Name ALEXANDER, JULIE  
Address P O BOX 14842  
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT  
Name CARTER, REBECCA  
Address P O BOX 14842  
City-State-Zip: TALLAHASSEE FL 32317

Title VP  
Name MCMILLAN, BERNICE  
Address P O BOX 14842  
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:** O'FARRELL , NANCY

EXECUTIVE DIRECTOR

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date