

2022 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:

BROWN, PATRICIA W
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: PATRICIA W. BROWN

01/24/2022

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 BROWN, PATRICIA W
Address P O BOX 14842
City-State-Zip: TALLAHASSEE FL 32317

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

Title VP, 1ST
Name CARTER, REBECCA
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

Title VP, 2ND
Name MCMILLAN, BERNICE
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: PATRICIA W. BROWN

TREASURER

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date