

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 27, 2004  
Secretary of State**

DOCUMENT# F93000003417

Entity Name: NORTH AMERICAN FAMILY INSTITUTE, INC.

**Current Principal Place of Business:**

10 HARBOR ST.  
DANVERS, MA 01923

**New Principal Place of Business:**

**Current Mailing Address:**

10 HARBOR ST.  
DANVERS, MA 01923

**New Mailing Address:**

FEI Number: 04-2921507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JARLOCK, THOMAS J  
1400 30TH STREET  
STE B  
NICEVILLE, FL 32578 US

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

ANTHONY, YOLAND J  
1500PRESERVATION PATH  
BAKER, FL 32531 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: YOLAND ANTHONY      08/27/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHI-YING CHUNG, DR R  
Address: OHIO STATE UNIVERSITY  
City-St-Zip: COLUMBUS, OH

Title: D ( ) Delete  
Name: RICH, HOWARD  
Address: 289 OCEAN AVE  
City-St-Zip: MARBLEHEAD, MA 01945

Title: SD ( ) Delete  
Name: VINCIK, BARBARA DR.  
Address: 72 BRADLEE AVE.  
City-St-Zip: SWAMPSCOTT, MA

Title: D ( ) Delete  
Name: MADORSKY, JEROLD  
Address: 44 PILGRIM RD  
City-St-Zip: MARBLEHEAD, MA 01945

Title: T ( ) Delete  
Name: PARIS, HILDEGARDE  
Address: 265 PLEASANT ST.  
City-St-Zip: MARBLEHEAD, MA 01945

Title: D ( ) Delete  
Name: ZUSKY, MARGARET N  
Address: 234 LOWELL RD  
City-St-Zip: WELLESLEY, MA 02181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HILDEGARDE PARIS      T      08/27/2004  
Electronic Signature of Signing Officer or Director      Date