

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003417

FILED
Mar 23, 2005
Secretary of State

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:

ANTHONY, YOLAND
1500 PRESERVATION PATH
BAKER, FL 32531 US

Name and Address of New Registered Agent:

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

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
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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

03/23/2005

Electronic Signature of Signing Officer or Director

Date