## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000003417

FILED Jaņ 3<u>0, 2</u>006 Secretary of State

Entity Name: NORTH AMERICAN FAMILY INSTITUTE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

10 HARBOR ST. DANVERS, MA 01923

**Current Mailing Address: New Mailing Address:** 

10 HARBOR ST. DANVERS, MA 01923

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

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

ANTHONY, YOLAND 1500 PRESERVATION PATH BAKER, FL 32531

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:

Date

## Electronic Signature of Registered Agent

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

(X) Change ( ) Addition () Delete CHI-YING CHUNG, DR R ZUSKY, MARGARET N Name: Name: OHIO STATE UNIVERSITY Address: 234 LOWELL ROAD Address: City-St-Zip: COLUMBUS, OH City-St-Zip: WELLESLEY, MA 02181

Title: Title: ( ) Delete () Change () Addition

RICH, HOWARD Name: Name: Address: 289 OCEAN AVE Address: City-St-Zip: MARBLEHEAD, MA 01945 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition VINCIK, BARBARA DR. Name: VINICK, BARBARA DR. Name:

72 BRADLEE AVE. Address: 72 BRADLEE AVE. Address: City-St-Zip: SWAMPSCOTT, MA City-St-Zip: SWAMPSCOTT, MA

D ( ) Delete MADORSKY, JEROLD Title: Title: (X) Change ( ) Addition

Name: Name: BAKAL, YITZHAK DR 59 BAY VIEW ROAD Address: 44 PILGRIM RD Address: City-St-Zip: MARBLEHEAD, MA 01945 City-St-Zip: MARBLEHEAD, MA 01945

Title: () Delete Title: (X) Change ( ) Addition

PARIS, HILDEGARDE NAKAMOTO, DANIEL Name: Name: 265 PLEASANT ST. 238 HIGHLAND AVE Address: Address: City-St-Zip: MARBLEHEAD, MA 01945 City-St-Zip: WINCHESTER, MA 01890

Title: ( ) Delete Title: (X) Change ( ) Addition

ZUSKY, MARGARET N ZAFRIS, JAMES Name: Name: Address: 234 LOWELL RD Address: 264 HIGH STREET

NEWBURYPORT, MA 01950 WELLESLEY, MA 02181 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DANIEL NAKAMOTO Т 01/30/2006