

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003417

FILED
Feb 16, 2010
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:

26 HOWLEY STREET
PEABODY, MA 01960

Current Mailing Address:

10 HARBOR ST.
DANVERS, MA 01923

New Mailing Address:

26 HOWLEY STREET
PEABODY, MA 01960

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
Name: ZUSKY, MARGARET N
Address: 234 LOWELL ROAD
City-St-Zip: WELLESLEY, MA 02181

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

Title: CD
Name: VINICK, BARBARA DR.
Address: 72 BRADLEE AVE.
City-St-Zip: SWAMPSCOTT, MA 01907

Title: P
Name: BAKAL, YITZHAK DR
Address: 80 PARK STREET, APT 22
City-St-Zip: BROOKLINE, MA 02246

Title: T
Name: NAKAMOTO, DANIEL
Address: 238 HIGHLAND AVE
City-St-Zip: WINCHESTER, MA 01890

Title: D
Name: ZAFRIS, JAMES
Address: 264 HIGH STREET
City-St-Zip: NEWBURYPORT, MA 01950

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: DANIEL NAKAMOTO

TREA

02/16/2010

Electronic Signature of Signing Officer or Director

Date