

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003417

FILED
Apr 02, 2012
Secretary of State

Entity Name: NORTH AMERICAN FAMILY INSTITUTE, INC.

Current Principal Place of Business:

26 HOWLEY STREET
PEABODY, MA 01960

New Principal Place of Business:

Current Mailing Address:

26 HOWLEY STREET
PEABODY, MA 01960

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:

DONALDSON, VICKI
3328 NE COLIN KELLY HIGHWAY
MADISON, FL 32340 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: DAN NAKAMOTO

TREA

04/02/2012

Electronic Signature of Signing Officer or Director

Date