

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002689

FILED
Jan 13, 2012
Secretary of State

Entity Name: N.A.M.I. CITRUS COUNTY INC.

Current Principal Place of Business:

2575 S ZELLNER DR
INVERNESS, FL 34450

New Principal Place of Business:

11796 W VALLEY SPRING LANE
HOMOSASSA, FL 34448

Current Mailing Address:

PO BOX 273
HOMOSASSA SPRINGS, FL 34750

New Mailing Address:

11796 W VALLEY SPRING LANE
HOMOSASSA, FL 34448

FEI Number: 65-1034169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMINO, ANTHONY F
11796 W VALLEY SPRING LANE
HOMOSASSA, FL 34448 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: PD
Name: MOORE, MICHAEL
Address: 5219 S STEVEN DR
City-St-Zip: HOMOSASSA, FL 34448 US

Title: BD
Name: BOOTH, MARILYN
Address: 2412 S CARNEGIE DR
City-St-Zip: INVERNESS, FL 34450

Title: S
Name: GREGORY, MARY B
Address: 9 DAHOON COURT S
City-St-Zip: HOMOSASSA, FL 34446

Title: BD
Name: TELOH, PAMLA D
Address: 111 W MAIN STREET STE 204
City-St-Zip: INVERNESS, FL 34450

Title: VP
Name: AUSTIN, MITT
Address: 3550 N WILLOW TREE PT
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T
Name: DIMINO, ANTHONY F
Address: 11796 W VALLEY SPRING LANE
City-St-Zip: HOMOSASSA, FL 34448

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: ANTHONY F. DIMINO

TRES

01/13/2012

Electronic Signature of Signing Officer or Director

Date