2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90021 036 ****75.00

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1. Entity Name
DAUGHTERS OF NAOMI, INC.

Principal Place of Business	Mailing Address
665 HOWARD ST FT PIERCE, FL 34982	665 HOWARD ST FT PIERCE, FL 34982

200641165

05142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3643449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GEORGE, SANDRA D 665 HOWARD ST FT PIERCE, FL 34982	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GEORGE, STUART W DVM 665 HOWARD ST FT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Kathy Cain 816 Acacia Rd Vero Beach, Fl 32963	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GEORGE, SANDRA D 665 HOWARD ST FT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ken Brown 25 1st CT. S.W. Vero Beach, Fl 32962	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BRUHN, VANGY 1003 TENNESSEE AVE FT PIERCE, FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Craig Bridgers 1209 SW Del Rio Blvd PSL, Fl 34986	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP OWENS, JEFF 5806 HICKORY DR FORT PIERCE, FL 34982	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Anne Nelson 5105 Poleo Pines FT Pierce, Fl 34951	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HANSON, JOLYNN 7993 SADDLEBROOK DR PORT ST. LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEAKIN, BILL 1421 SE BERNADO TERRACE PORT ST. LUCIE, FL 34952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart George 5-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

772-467-2535
Daytime Phone #