2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90103 004 ****61.25

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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

04132006 Chg-NP CR2E037 (11/05)

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

GEORGE, SANDRA D
665 HOWARD ST
FT PIERCE, FL 34982

7. Name and Address of New Registered Agent

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 May 1, 2006

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	D TURNER, KRISTI 151 PALM DRIVE #108 PORT ST. LUCIE, FL 34986 ☐ 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 SMITH, LISA 939 SW GRAND RESERVE BLVD. PORT ST LUCIE, FL 34986 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CAIN, KATHY 816 ALACIA RD VERO BEACH, FL 32963	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOWNSEND-KING, CATHY 3101 N A1A FORT PIERCE, FL 34949 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, KEN 25 1ST CT SW VERO BEACH, FL 32962	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORD, TRACY 2367 WINDSOR WAY BARTLESVILLE, OK 74006 ☐ 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 BRIDGERS, CRAIG 1204 SW DEL RIO BLVD PORT SAINT LUCIE, FL 34986	☐ 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 exemptions contained 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 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: _____ 4-13-06 772-828-9137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #