

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90026 031 ****61.25

DOCUMENT # N02000004572					
1. Entity Name DAUGHTERS OF NAOMI, INC.					
Principal Place of Business 665 HOWARD ST FT PIERCE, FL 34982			Mailing Address 665 HOWARD ST FT PIERCE, FL 34982		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142008 Chg-NP CR2E037 (12/06)	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 DC NAME GEORGE, STUART W DVM STREET ADDRESS 665 HOWARD ST CITY-ST-ZIP FT PIERCE, FL 34982	☒ Delete		TITLE D NAME Stuart George STREET ADDRESS 665 Howard Street CITY-ST-ZIP Ft. Pierce, FL 34982	☒ Change ☐ Addition	
TITLE DP NAME GEORGE, SANDRA D STREET ADDRESS 665 HOWARD ST CITY-ST-ZIP FT PIERCE, FL 34982	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME TOWNSEND-KING, CATHY STREET ADDRESS 3601 N A1A CITY-ST-ZIP FORT PIERCE, FL 34949	☒ Delete		TITLE D NAME Carol Ernst STREET ADDRESS 343 Egret Circle CITY-ST-ZIP Barfoot Bay, FL 32976	☐ Change ☒ Addition	
TITLE D NAME WORD, TRACY STREET ADDRESS 2367 WINDSOR WAY CITY-ST-ZIP BARTLESVILLE, OK 74006	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME MIRET, KAREN STREET ADDRESS 7950 POPPY HILLS LANE CITY-ST-ZIP PORT ST. LUCIE, FL 34986	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME RINDERKNECHT, LINDA STREET ADDRESS 2225 SE SEAMIST STREET CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	☒ Delete		TITLE DT NAME LISA SMITH STREET ADDRESS 839 SW GRAND RESERVE BLVD.	☐ 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: <i>Sandra George</i>			02/04/08		772-467-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #