

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004572

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: DAUGHTERS OF NAOMI, INC.

## Current Principal Place of Business:

665 HOWARD ST  
FT PIERCE, FL 34982

## New Principal Place of Business:

5804 BIRCH DRIVE  
FT PIERCE, FL 34982

## Current Mailing Address:

665 HOWARD ST  
FT PIERCE, FL 34982

## New Mailing Address:

FEI Number: 11-3643449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEORGE, SANDRA D  
665 HOWARD ST  
FT PIERCE, FL 34982      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 ( ) Delete  
Name: STUART, GEORGE  
Address: 665 HOWARD STREET  
City-St-Zip: FORT PIERCE, FL 34982

Title: DP ( ) Delete  
Name: GEORGE, SANDRA D  
Address: 665 HOWARD ST  
City-St-Zip: FT PIERCE, FL 34982

Title: D ( ) Delete  
Name: ERNST, CAROL  
Address: 343 EGRET CIRCLE  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D ( ) Delete  
Name: WORD, TRACY  
Address: 2367 WINDSOR WAY  
City-St-Zip: BARTLESVILLE, OK 74006

Title: D ( ) Delete  
Name: MIRET, KAREN  
Address: 7950 POPPY HILLS LANE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DT ( ) Delete  
Name: SMITH, LISA  
Address: 839 SW GRAND RESERVE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STUART, GEORGE  
Address: 665 HOWARD ST  
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LEIS, DEBBIE  
Address: 5810 SUNSET DRIVE  
City-St-Zip: FT PIERCE, FL 34982

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: SMITH, LISA  
Address: 217 OCEAN BAY DR  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA D GEORGE

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date