2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004042

1224 WYCKFIELD PL

RANKIN, LEÈ ANNE

RANKIN, PEGGY M

2313 GINA ANNE CT.

2313 GINA ANNE CT.

PCEO

CFO

LAWRENCEVILLE, GA 30044

ST. CLOUD, FL 347728577

ST. CLOUD, FL 347728577

() Delete

() Delete

Address:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: NOMSA INC.

FILED Mar 22, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2313 GINA ANNE CT. ST. CLOUD, FL 347728577				2313 GINA ANNE CT. ST. CLOUD, FL 347728577 US		
Current Mailing Address:				New Mailing Address:		
2313 GINA ANNE CT. ST. CLOUD, FL 347728577				2313 GINA ANNE CT. ST. CLOUD, FL 347728577 US		
FEI Number:	80-0188656	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
RANKIN, TERRY L 2313 GINA ANNE CT. ST. CLOUD, FL 347728577 US						
The above in the State		submits this statement for the pu	irpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
OFFICERS	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DC (RANKIN, TERF 2313 GINA AN ST. CLOUD, F	NE CT.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BATTAGLIA, A 482 COOPER MABLETON, G	LAKE RD.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	COO (TRIVETT, MAT) Delete THEW R	Title: Name:	COO GREEN, NIC	(X) Change()Addition	

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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

607 BAFFIE AVE.

RANKIN, LEE ANNE

607 BAFFIE AVE.

PCEO

WINTER PARK, FL 32789

WINTER PARK, FL 32789

(X) Change () Addition

() Change () Addition

SIGNATURE: LEE ANNE RANKIN PCEO 03/22/2009