

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 29, 2011
Secretary of State

DOCUMENT# N09000010295

Entity Name: NAMI WAKULLA INC.**Current Principal Place of Business:**2140-C CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 458
CRAWFORDVILLE, FL 32326**New Mailing Address:****FEI Number:** 26-4122678**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PECK, DANA
2481 SURF ROAD
PANACEA, FL 32346 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: P
Name: TOOKE, SUSIE
Address: 161 COUNTRY CLUB DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V
Name: PADGETT, JOHN C
Address: 264 WAKULLA SPRINGS RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: VAUSE, D. R.
Address: 233 EPSIE STRICKLAND ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S
Name: PRICE, CATHY
Address: 226 MCMAHEN DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: PECK, DANA
Address: 2481 SURF ROAD
City-St-Zip: PANACEA, FL 32346

Title: D
Name: CREEL, CHARLIE
Address: 150 SHADOW OAK CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: CHARLIE CREEL

PP

04/29/2011

Electronic Signature of Signing Officer or Director

Date