

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 027 ****61.25

DOCUMENT # N12525 1. Entity Name NAMI HERNANDO, INC.			
Principal Place of Business 2210 PINTA AVE SPRING HILL, FL 34609-5461		Mailing Address 2210 PINTA AVE SPRING HILL, FL 34609-5461	
2. Principal Place of Business - No P.O. Box # 1055A Spring Hill Dr		3. Mailing Address P.O. Box 5613	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Spring Hill, FL		City & State Spring Hill, FL	
Zip 34609		Zip 34611	
Country USA		Country USA	
4. FEI Number 59-2684242		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINVILLE, DARLENE 2210 PINTA AVE SPRING HILL, FL 34609-5461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LINVILLE, DARLENE 2210 PINTA AVE SPRING HILL, FL 346095461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPD NORRIS, DONNA 2092 CULBREATH RD C-25 BROOKSVILLE, FL 346026121	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TRD ZELEDON, STEVEN 32270 MARCHMONT CIR RIDGE MANOR, FL 335239025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD VANNATTAN, GINNY 2463 STEPHANIE DR SPRING HILL, FL 346084463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP
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: <u>Lori A. Morrison, Treasurer</u> <u>2/18/08</u> <u>(352) 684-0004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			