2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N12525

Entity Name: NAMI HERNANDO, INC.

Current Principal Place of Business:

10554 SPRING HILL DR
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

PO BOX 5613
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 59-2684242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINVILLE, DARLENE
2210 PINTA AVE
SPRING HILL, FL 346095461 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: PD ( ) Delete
Name: LINVILLE, DARLENE
Address: 2210 PINTA AVE
City-St-Zip: SPRING HILL, FL 346095461

Title: VPD ( ) Delete
Name: NORRIS, DONNA
Address: 2092 CULBREATH RD C-25
City-St-Zip: BROOKSVILLE, FL 346026121

Title: TD ( ) Delete
Name: MORRISON, LORI A
Address: 2217 PINTA AVE
City-St-Zip: SPRING HILL, FL 34609

Title: SD ( ) Delete
Name: VANNATTAN, GINNY
Address: 2463 STEPHANIE DR
City-St-Zip: SPRING HILL, FL 346084463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: THOMPSON, JUDITH
Address: 362 FOREST WOOD CT
City-St-Zip: SPRING HILL, FL 34609

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

Title: SD (X) Change ( ) Addition
Name: ECKMAN, MARIANN
Address: 4331 DRISTOL AVE
City-St-Zip: SPRING HILL, FL 34608

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: LORI A MORRISON TREA 04/29/2009

Electronic Signature of Signing Officer or Director — Date