

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13465

FILED
Apr 23, 2006
Secretary of State

Entity Name: NAMI GREATER ORLANDO, INC.

Current Principal Place of Business:

1800 MERCY DRIVE
STE 103, BOX 4
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

1800 MERCY DRIVE
STE 103, BOX 4
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-2600149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASE, MAX
386 KASSIK CIRCLE
ORLANDO, FL 32824 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: SD () Delete
Name: BRYAN, NORMAN
Address: 3838 CARNABY DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HELSEL, JENNIFER
Address: 11500 WESTWOOD BLVD, #1213
City-St-Zip: ORLANDO, FL 32821

Title: D () Delete
Name: JONASSEN, FREDERICK
Address: 507 E. HARWOOD ST.
City-St-Zip: ORLANDO, FL 32803

Title: VPD () Delete
Name: MEITIN, SHERYL
Address: 1191 BANBURY TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: CASE, MAX
Address: 386 KASSIK CIR
City-St-Zip: ORLANDO, FL 32824

Title: P () Delete
Name: BARBOUR, EVE
Address: 40 BAYBERRY BRANCH
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HELSEL, DONNA
Address: 8161 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MAX R CASE

TD

04/23/2006

Electronic Signature of Signing Officer or Director

Date