


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N13465 1. Entity Name NAMI GREATER ORLANDO, INC.	
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Principal Place of Business 1800 MERCY DRIVE STE 103, BOX 4 ORLANDO, FL 32808 US	Mailing Address 1800 MERCY DRIVE STE 103, BOX 4 ORLANDO, FL 32808 US
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04122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2600149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELSEL, DONNA
8161 VIA ROSA
ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25.
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELSEL, DONNA 8161 VIA ROSA ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AIKENS, TOM 4523 SUNSET LANE OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONASSEN, FREDERICK 507 E. HARWOOD ST. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIJENS, JIM 1219 FOX FORREST CR. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINK, MARIANNE 1301 AZALEA LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHES, MARCIA 5517 HANSEL AVE. ORLANDO, FL 32809

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U00000923515
05/18/08-80033-021 70.00

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: Donna L. Helsel Donna L. Helsel 4/21/08 321-695-6790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #