

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13465

FILED
Jan 17, 2009
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 (X)

Name and Address of Current Registered Agent:

HELSEL, DONNA
8161 VIA ROSA
ORLANDO, FL 32836 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: TD () Delete
Name: HELSEL, DONNA
Address: 8161 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: PD () Delete
Name: AIKENS, TOM
Address: 4523 SUNSET LANE
City-St-Zip: OVIEDO, FL 32765

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

Title: VPD () Delete
Name: BIUENS, JIM
Address: 1219 FOX FORREST CR.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: LINK, MARIANNE
Address: 1301 AZALEA LANE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MATHES, MARCIA
Address: 5517 HANSEL AVE.
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: AIKENS, TOM
Address: 9514 TRULOCK CT
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change () Addition
Name: GREGORY, LINDA
Address: 10240 HOOD CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD (X) Change () Addition
Name: KELLER, WANDA
Address: 2606 DOVEHILL WAY
City-St-Zip: OVIEDO, FL 32766

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 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: DONNA L HELSEL

TD

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date