2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90255 039 ****70.00

DOCUMENT # N22642

1. Entity Name
NAMI FLORIDA, INC.

Principal Place of Business	Mailing Address
1020 E. LAFAYETTE ST. STE. 106A TALLAHHASSEE, FL 32301	1020 E. LAFAYETTE ST. STE. 106A TALLAHHASSEE, FL 32301

04092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
911 E. Park Avenue Suite, Apt. #, etc.	911 E. Park Avenue Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301-2646 Country: USA	Zip: 32301-2646 Country: USA

4. FEI Number 59-2859337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, LYNNE M
1020 E. LAFAYETTE ST.
STE. 106A
TALLAHHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
911 E. Park Avenue

City: Tallahassee **FL** Zip Code: 32301-2646

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MATHES, MIKE 5517 HANSEL AVENUE ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Slate, Risdon 5551 Kings Mont Dr. Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STOKES, PHIL 1928 MALABAR LAKES DRIVE E PALM BAY, FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Stokes, Phil 360 Tuscany Way, #204 Melbourne, FL 32940-8195	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WHITELEY, BEVERLY 1906 33RD AVENUE VERO BEACH, FL 32960	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD David Sarchet 11549 Timberline Circle Ft. Myers, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT EVANS, JUDITH 5312 BILLINGS ST LEHIGH ACRES, FL 33971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHANNINGSMEIER, BARBARA 1315 LANDOVER COURT TALLAHASSEE, FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: LMH LYNNE M HERNANDEZ 4/26/04 850.671 4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #