

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2008 8:00 am
Secretary of State

04-17-2008 90013 050 ****61.25

DOCUMENT # N22642 1. Entity Name NAMI FLORIDA, INC.					
Principal Place of Business 1615 VILLAGE SQUARE BLVD. SUITE 6 TALLAHASSEE FL 32309			Mailing Address 1615 VILLAGE SQUARE BLVD. SUITE 6 TALLAHASSEE FL 32309		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2859337	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOMANT, SUSANNE F DR 1615 VILLAGE SQUARE BLVD. SUITE 6 TALLAHASSEE FL 32309			7. Name and Address of New Registered Agent Name: EVANS, Judith Street Address (P.O. Box Number is Not Acceptable): 1615 Village Sq Blvd Suite 6 City: Tallahassee State: FL Zip Code: 32309		
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: <u><i>Judith Evans</i></u> DATE: <u><i>April 3, 2008</i></u> Signature of registered agent or authorized officer of the corporation. (NOTE: This document requires a signature of the registered agent or authorized officer of the corporation.)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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-STATE-ZIP	PRES MCKINNON, LINDA 5314 BAY STATE ROAD PALMETTO FL 34221	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY ROSE DELANEY 331 JOEL BLVD #209 LEHIGH ACRES FL 33972	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP VICKERS, ANGELA D JD 6958 LA MESA DR W JACKSONVILLE FL 32217	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2ND VP PUTNAM, CELESTE 2705 HICKORY RIDGE RD TALLAHASSEE, FL 32308	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BAILEY, JOHN MD 2100 CENTERVILLE RD, SUITE D TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ED JUDITH EVANS 2500 MERCANTILE ROW BLVD #96 TALLAHASSEE FL 32311	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREA PUTNAM, CELESTE 2705 HICKORY RIDGE RD TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREA KULL, NELSON III 1313 30TH ST ORLANDO FL 32805	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ED HOMANT, SUSANNE F DPA 8177 BLUE QUILL TRAIL TALLAHASSEE FL 32312	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ED JUDITH EVANS 2500 MERCANTILE ROW BLVD #96 TALLAHASSEE FL 32311	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SEC KULL, NELSON III 1313 30TH STREET ORLANDO FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREA KULL, NELSON III 1313 30TH ST ORLANDO FL 32805	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Judith Evans, Executive Director 5/13/08</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					