2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N23326

Entity Name: NAMI HILLSBOROUGH, INC.

Current Principal Place of Business:

11405 ORILLA DEL RIO PLACE
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

11405 ORILLA DEL RIO PLACE
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

P O BOX 4352
BRANDON, FL 33509 US

FEI Number: 59-2865768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, GEORGE C PD
11405 ORILLA DEL RIO PLACE
TEMPLE TERRACE, FL 33617 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:	PRES	( ) Delete
Name:	THOMAS, GEORGE C P	
Address:	11405 ORILLA DEL RIO PLACE	
City-St-Zip:	TEMPLE TERRACE, FL 33617 US	
Title:	VP	( ) Delete
Name:	LANG, SUSAN VP	
Address:	719 US HWY 301 S.	
City-St-Zip:	TAMPA, FL 33619 US	
Title:	VP	( ) Delete
Name:	HARKINS, DAVID VP	
Address:	4200 EAST FLETCHER AVE #1210	
City-St-Zip:	TAMPA, FL 33613 US	
Title:	SEC	( ) Delete
Name:	MOON, FRANCES SEC	
Address:	2770 GULF LAKE DRIVE	
City-St-Zip:	PLANT CITY, FL 335466 US	
Title:	TREA	( ) Delete
Name:	HERSHEY, WALTER TREAS	
Address:	2702 CENTERVIEW PLACE	
City-St-Zip:	BRANDON, FL 33511	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	TREA	(X) Change ( ) Addition
Name:	HERSEY, WALTER TREAS	
Address:	2702 CENTERVIEW PLACE	
City-St-Zip:	BRANDON, FL 33511	

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: WALTER HERSEY TREA 04/07/2009

Electronic Signature of Signing Officer or Director — Date