

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26176

FILED
Apr 25, 2008
Secretary of State

Entity Name: NAMI FLORIDA INC. - JACKSONVILLE

Current Principal Place of Business:

8439 FOREST ST N
JACKSONVILLE, FL 32221 US

New Principal Place of Business:

8439 FROST ST NORTH
JACKSONVILLE, FL 32221 US

Current Mailing Address:

P.O. BOX 10363
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-2931035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RETZER, WILLIAM H
8439 FROST ST N
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

RETZER, WILLIAM H
8439 FROST ST NORTH
JACKSONVILLE, FL 32221 US

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:

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, MARION
Address: 5098 WHITEWATER CT
City-St-Zip: JACKSONVILLE, FL 32258

Title: 1VPD (X) Delete
Name: ROWLING, REECE
Address: 1699 HAWKINGS COVE DR W
City-St-Zip: JACKSONVILLE, FL 32246

Title: 2VPD () Delete
Name: PAULY, TONYA
Address: 9026 CUMBERLAND FOREST WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD () Delete
Name: RETZER, WILLIAM
Address: 8439 FROST ST N
City-St-Zip: JACKSONVILLE, FL 32221

Title: CSD () Delete
Name: CLUBB, PAMELA
Address: 14276 HAWKINSMORE LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: CSD (X) Delete
Name: CLUBB, PAMELA
Address: 14276 HAWKINSMORE LN
City-St-Zip: JACKSONVILLE, FL 32223

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: TD (X) Change () Addition
Name: RETZER, WILLIAM
Address: 8439 FROST ST NORTH
City-St-Zip: JACKSONVILLE, FL 32221

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: WILLIAM H. RETZER

TD

04/25/2008

Electronic Signature of Signing Officer or Director

Date