

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26365

FILED
Jan 07, 2009
Secretary of State

Entity Name: NAMI PASCO COUNTY, FLORIDA, INC.

Current Principal Place of Business:

PO BOX 412
ELFERS, FL 34680 US

New Principal Place of Business:

7007 PLATHE ROAD
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

PO BOX 412
ELFERS, FL 34680 US

New Mailing Address:

FEI Number: 59-2904264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROTHER, GLORIA
7007 PLATHE ROAD
NEW PORT RICHEY, FL 34653 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: PD () Delete
Name: STROTHER, GLORIA
Address: 7007 PLATHE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T/D () Delete
Name: ANDERSON, LYNN
Address: 5625 MONTANA AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD () Delete
Name: VALLE, GEORGIANA
Address: 8330 MOULTON DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: SD () Delete
Name: GRUSLIN, DIANE
Address: 3129 DUNSTABLE DR
City-St-Zip: LAND O LAKES, FL 34638

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: SD (X) Change () Addition
Name: LEONARD, PAULA
Address: 9415 GOUSE WAY
City-St-Zip: HUDSON, FL 34669

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: LYNN ANDERSON

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date