

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26365

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** NAMI PASCO COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

9415 GROUSE WAY  
HUDSON, FL 34669 US

**New Principal Place of Business:**

8330 MOULTON DR.  
PORT RICHEY, FL 34668 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:**

LEONARD, PAULA  
9415 GROUSE WAY  
HUDSON, FL 34669 US

**Name and Address of New Registered Agent:**

ANDERSON, LYNN  
5625 MONTANA AVENUE  
NEW PORT RICHEY, FL 34652 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: LYNN ANDERSON

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VALLE, GEORGIANNA  
Address: 8330 MOULTON DR.  
City-St-Zip: PORT RICHEY, FL 34668

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

Title: VPD  
Name: VIOLANTE, MICHAEL  
Address: 10124 LAKEVIEW DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD  
Name: LEONARD, PAULA  
Address: 9415 GROUSE WAY  
City-St-Zip: HUDSON, FL 34669

I hereby 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 all other like empowered.

SIGNATURE: LYNN ANDERSON

T/D

02/21/2011

Electronic Signature of Signing Officer or Director

Date