

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34079

Entity Name: NAMI TALLAHASSEE, INC.

FILED  
Jan 06, 2009  
Secretary of State

## Current Principal Place of Business:

%FAYE L. BARNETTE  
2024 DOOMAR DRIVE  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

%FAYE L. BARNETTE  
2024 DOOMAR DRIVE  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-2967900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNETTE, FAYE L.  
2024 DOOMAR DRIVE  
TALLAHASSEE, FL 32308 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: BARNETTE, FAYE  
Address: 2024 DOOMAR DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD ( ) Delete  
Name: WELDON, DEBROAH  
Address: 9720 FARAWAY FARM RD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD ( ) Delete  
Name: BARNETTE, BOB  
Address: 2024 DOOMAR DR  
City-St-Zip: TALLAHASSEE, FL

Title: VP ( ) Delete  
Name: HALEY, COLIIN  
Address: 3117 HUTTERFIELD CIR  
City-St-Zip: TALLAHASSEE, FL 32303

## 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: 1-VP (X) Change ( ) Addition  
Name: HALEY, COLLIN  
Address: 409 N. GADSDEN ST., #109  
City-St-Zip: TALLAHASSEE, FL 32301

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: BOB BARNETTE

TD

01/06/2009

Electronic Signature of Signing Officer or Director

Date