

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006223

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: NANA'S HOUSE, INC.

**Current Principal Place of Business:**

610 FERRIS ST  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

610 FERRIS ST  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

FEI Number: 59-3286023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

O'LINGER, JOHN W  
8512 MOODT CANAL RD  
SAINT AUGUSTINE, FL 32092      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: BROWN, THEODORE E  
Address: 6498 OAK DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD      ( ) Delete  
Name: WHALEN, DAVID  
Address: 8501 CROSSWINDS DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D      ( ) Delete  
Name: ROBERTS, MATTHEW  
Address: 840 COOKS LANE APT 102  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD      ( ) Delete  
Name: OLINGER, JOHN  
Address: 8512 MOODY CANAL RD  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D      ( ) Delete  
Name: NASH, DELINA H  
Address: 8501 CROSSWINDS DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: BROWN, THEODORE E  
Address: 6498 OAK DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD      (X) Change ( ) Addition  
Name: WHALEN, DAVID  
Address: 8501 CROSSWINDS DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD      (X) Change ( ) Addition  
Name: NASH, DELINA H  
Address: 8501 CROSSWINDS DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: JOHN OLINGER

TD

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date