

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006223

FILED  
Jan 06, 2010  
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 (X)

**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: D  
Name: BROWN, THEODORE E  
Address: 6498 OAK DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

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

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

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

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: JOHN OLINGER

TD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date