

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004444

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: NAMI MANATEE COUNTY, FL, INC.

## Current Principal Place of Business:

508 MAGNOLIA AVE  
ANNA MARIA, FL 34216

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 855  
ANNA MARIA, FL 34216

## New Mailing Address:

FEI Number: 59-3333249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANSON, JOHN C  
406 13TH ST W.  
BRADENTON, FL 34205 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: VD ( ) Delete  
Name: ADAMSON, THOMAS E  
Address: 720 OAKVIEW DR  
City-St-Zip: BRADENTON, FL 34210

Title: TD ( ) Delete  
Name: TAYLOR, ROBERT G  
Address: 508 MAGNOLIA AVE  
City-St-Zip: ANNA MARIA, FL 34216

Title: VD ( ) Delete  
Name: JERMAN, LILLIAN  
Address: 5100 60 ST EAST #061  
City-St-Zip: BRADENTON, FL 34203

Title: SD ( ) Delete  
Name: ADAMSON, EILEEN  
Address: 720 OAKVIEW DRIVE  
City-St-Zip: BRADENTON, FL 34210

Title: VP ( ) Delete  
Name: DAVIS, LINDA K  
Address: 628 EMERALD LANE  
City-St-Zip: HOLMES BEACH, FL 34217

Title: PD ( ) Delete  
Name: MORAN, TIM  
Address: 5803 24TH CT W  
City-St-Zip: BRADENTON, FL 34207

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

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

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

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: ROBERT G. TAYLOR

TD

01/08/2009

Electronic Signature of Signing Officer or Director

Date