2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) 2005 AR

DOCUMENT # N99000000228

1. Entity Name

NAMI VOLUSIA / FLAGLER, INC.

FILED
05 JAN 24 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (4/04) MRS

Principal Place of Business	Mailing Address
WILLIS AVENUE- BLDG 9 DAYTONA BEACH FL 32114	7 CAYUSE CT PALM COAST FL 32137

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3647007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, LINDA R
7 CAYUSE CT
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MURPHY, LINDA 7 CAY USE CT. PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V P/D MURPHY, LINDA 7 CAYOSE CT PALM COAST FL 32137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Miller, Barbara 1115 Flagstone Dr. Daytona Beach, FL. 32118 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ACIERNO, MIKE 9 DRIFTWAY-TERR. FLAGLER BEACH FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D SHIELDS, LARK 20 SEA HARBOR DR W ORMOND BEACH FL 32176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Ipolyi, Ingeburg 6 Montauck Ct. Palm Coast, FL. 32164-4271 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD SCHREFFER, MIM ~~1587 OCEAN SHORE BLVD,~~ ~~ORMOND BEACH FL 32176.~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MIM~~ Schaefer, Mim 108 Pelican Dunes Dr. Ormond By the Sea, FL ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD SINGLETARY, WILLIAM 4050 CROW CT. ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 400045888164 02/03/05--01003--017 **70.00 SAME ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda R Murphy LINDA MURPHY 1-4-2005 386-503-7219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #