

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 02, 2005
Secretary of State

DOCUMENT# N99000000228

Entity Name: NAMI VOLUSIA / FLAGLER, INC.**Current Principal Place of Business:**WILLIS AVENUE- BLDG 9
DAYTONA BEACH, FL 32114**New Principal Place of Business:****Current Mailing Address:**7 CAYUSE CT
PALM COAST, FL 32137**New Mailing Address:****FEI Number:** 59-3647007**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MURPHY, LINDA R
7 CAYUSE CT
PALM COAST, FL 32137 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: MURPHY, LINDA
Address: 7 CAY USE CT.
City-St-Zip: PALM COAST, FL 32137

Title: VPD () Delete
Name: MILLER, BARBARA
Address: 1115 FLAGSTONE DRIVE
City-St-Zip: PALM COAST, FL 32118

Title: TD () Delete
Name: ACIERNO, MIKE
Address: 8 DRIFTWAY TERR.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD () Delete
Name: IPOLYI, INGEBURG
Address: 6 MONTAUK CT.
City-St-Zip: PALM COAST, FL 321644271

Title: D () Delete
Name: SCHAEFER, MIM
Address: 108 PELICAN DUNES DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: SINGLETARY, WILLIAM
Address: 4050 CROW CT.
City-St-Zip: ORMOND BEACH, FL 32174

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA R. MURPHY

PD

03/02/2005

Electronic Signature of Signing Officer or Director

Date