

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90047 049 ****70.00

DOCUMENT # N99000000228

1. Entity Name

NAMI VOLUSIA / FLAGLER, INC.



Principal Place of Business

WILLIS AVENUE- BLDG 9
DAYTONA BEACH FL 32114

Mailing Address

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

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

MURPHY, LINDA R
7 CAYUSE CT
PALM COAST FL 32137

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD ☐ Delete
NAME MURPHY, LINDA
STREET ADDRESS 7 CAY USE CT.
CITY-ST-ZIP PALM COAST FL 32137

TITLE VPD ☐ Delete
NAME MILLER, BARBARA
STREET ADDRESS 1115 FLAGSTONE DRIVE
CITY-ST-ZIP PALM COAST FL 32118

TITLE TD ☐ Delete
NAME ACIERNO, MIKE
STREET ADDRESS 8 DRIFTWAY TERR.
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE SD ☐ Delete
NAME IPOLYI, INGEBUG
STREET ADDRESS 6 MONTAUK CT.
CITY-ST-ZIP PALM COAST FL 32164-4271

TITLE D ☐ Delete
NAME SCHAEFER, MIM
STREET ADDRESS 108 PELICAN DUNES DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE D ☒ Delete
NAME SINGLETARY, WILLIAM
STREET ADDRESS 4050 CROW CT.
CITY-ST-ZIP ORMOND BEACH FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ROBERT MIEMA
STREET ADDRESS 28 FARRAGUT DR.
CITY-ST-ZIP PALM COAST, FL 32137

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1-18-06 386-503-7219