2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
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: IPOLYI, INGEBURG
Address: 6 MONTAUCK CT.
City-St-Zip: PALM COAST, FL 32164

Title: TD ( ) Delete
Name: WHITE, JAMES
Address: 719 S. BEACH ST./UNIT 207
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD ( ) Delete
Name: DARLENE, BARBOUR
Address: WILLIS AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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

Title: D ( ) Delete
Name: MILLER, BARBARA
Address: 1115 FLAGSTONE DR.
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MURPHY, LINDA R
Address: 7 CAY USE CT.
City-St-Zip: PALM COAST, FL 32137

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: LINDA R. MURPHY PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date