

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90480 001 *****8.75
01-21-2003 90480 002 *****61.25

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

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

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 ROSE, MYRNA 306 LINCOLN AVENUE NEW SMYRNA BEACH FL 32169	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, LINDA 7 CAYUSE CT PALM COAST FL 32137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, NANCY 80 JENNIFER CIRCLE PONCE INLET FL 32127	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, LUANNE POBOX 1325 BUNNELL FL 32110	☒ Delete
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	BOD SINGLETARY, DIANN 4050 CROW CT ORMOND BEACH FL 32174	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda Murphy 7 Cayuse CT Palm Coast, FL 32137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT MEYMA (MEIMA) 28 FARRAGUT Palm Coast, FL 32137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MIKE ACIERNO 8 Driftway Terrace FLAGLER Beach, FL 32136	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LARK SHIELDS 20 Sea Harbor Dr W Ormond Beach 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD MIM SCHAEFFER 1570 Oceanshore BLVD. (1537) Ormond Beach, FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD WILLIAM SINGLETARY 4050 CROW CT ORMOND BEACH, FL 32174	☒ 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 R. MURPHY** 1-13-02 386-503-7219 386-447-0174

CR2E037 (10/02)