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

DOCUMENT # N9900000228

1. Entity Name

NAMI VOLUSIA / FLAGLER, INC.



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

003 90480 001 *****8.75 003 90480 002 ****61.25

	01-21-20 01-21-20

Principal Place		Mailing Address							
WILLIS AVENUE- BLDG 9 DAYTONA BEACH FL 32114		7 CAYUSE CT PALM COAST FL 32137							
	•				1 188/11(8) 818 181	18 (80)) 98)) 88)) 88)) 88)	 	B1 LEDS (81)	
2 Principal P	loop of Queinose	3. Mailing Address	-		——————————————————————————————————————				
2. Principal Place of Business 3. Mail		5. Mailing Addices	naming Address			IN THEIR BRICE NOUTH AND THE PRINCE AND IN	PRICE ITEM	Ti idii idai	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State C		City & State	City & State		4. FEI Number 59	4. FEI Number 59-3647007			
Zip Country Z		Zip	Zip Country			Not Applicable Sertificate of Status Desired Serviced Serviced Serviced Serviced			
;			<u> </u>			atus Desired A F	ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
	A CARDA ID	was a second	- = -	Name					
MURPHY,				Street Address (P.O. Box Number is Not Acceptable)					
7 CAYUS	AST FL 32137								
I ALIII OO	AOT I E GETOI			City		FL	Zip Code		
	<u> </u>			•			111 - 111		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	office or reg	gistered agent, or both, in	the State of Florida. I am fa	ımınar with, a	and accept	
the obligat	ons of registered agent.								
SIGNATURE .						****			
5.6	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered A	gent signature re	equired when reinstating)	DATE			
						The Character	Darable		
FILE NOW: FEE IS \$61.25 9. Election Camp. Trust Fund Con				\$5.00 May Be Added to Fees	Make Check Florida Departi				
*		indat i dila v	Sommodilor		Added to 1 ees	i londa beparti	mem or c	, Luco	
10.	OFFICERS AND DIR	ECTORS	11.			ES TO OFFICERS AND DIR			
TITLE	P	Delete	TITLE	Pi	resident	nh./	Change	☐ Addition	
NAME	ROSE, MYRNA	-	NAME	ADDRECC	inda mur	0'-			
STREET ADDRESS CITY-ST-ZIP	306 LINCOLN AVENUE		CITY-S	ADDRESS 7	Cay use	CT			
	NEW SMYRNA BEACH FL 32169 P	□ Delete	TITLE	V	ICE PRESIDE	ot (EI)	Change	Addition	
TITLE NAME	<u>.</u> .	L. Delete	NAME	0	ABERT MI	YE MA A (MEIMA)	LL Change	X	
STREET ADDRESS	MURPHY, LINDA 7 CAYOSE CT COJUSE 1 DAI M COAST FL 32137		STREET	ADDRESS 2	B FARRAG	uT		}	
CITY-ST-ZIP	PALM COAST FL 32137		CITY-S	T-ZIP R	alm Coast , F	FL 32137			
TITLE	S	Delete	TITLE	T	REASURER	المستحمد المستحد	Change	X Addition	
NAME	BROWN, NANCY	. •	NAME		like Aciei Priftway	sta o			
	80 JENNIFER CIRCLE	•		ADDRESS E	Drittway	lerrace	,		
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-S			1ch, FL 32131		PSI control	
TITLE	T LOUISION LILANING	Delete	TITLE		SECRE TARY	~	Change	X Addition	
NAME	JOHNSTON, LUANNE		NAME	ADDRESS 2	.ark shield .o Sea Harbor	5 h.c.lv/			
STREET ADDRESS CITY-ST-ZIP	POBOX 1325 BUNNELL FL 32110		CITY-S		ormand Beach				
	BOD BOD	Delete	TITLE		BOD	32116	Change	Addition	
TITLE NAME	SINGLETARY, WILLIAM	Delete	NAME	l N	aim schrei	ffer		~	
STREET ADDRESS	4050 CROW CT			ADDRESS 53	Doceanshore f	3LVD,(1637)			
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-S		rmond Beach,				
TITLE	BOD	Delete	TITLE		OD.	· ·	Change	☐ Addition	
NAME	SINGLETARY, DIANN		NAME	I V	VILLIAM SING	fle tary	-		
STREET ADDRESS	4050 CROW CT		STREET	ADDRESS L	1050 CROW	CT /			
CITY-ST-7IP	ODMOND BEACH EL 32174		CITY-S	T-ZIP 📗	RMAND BEA	ICH, FL 32174	4 _		

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. 386-503-7219

1-13-02 386-447-0174 SIGNATURE