

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003900

Entity Name: NAMI ST. JOHNS INC.

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

1955 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

PO BOX 860294
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 31-1620719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBS, CHARLES
2961 ESTATES ST
ST. AUGUSTINE, FL 32084 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: VPD () Delete
Name: HUNT, PATTIE
Address: 129 MARSH ISLAND CIR.
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: PD () Delete
Name: KALMAN, MECHELLE
Address: 6302 SALADO RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD () Delete
Name: HOBBS, CHARLES
Address: 2961 ESTATES STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: JAFFE, ANN
Address: 206 C ST
City-St-Zip: SAINT AUGUSTINE, FL 320846824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MORENO, LORRINE
Address: 676 BAHIA DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: CHARLES HOBBS

TD

01/11/2005

Electronic Signature of Signing Officer or Director

Date