2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003900

Entity Name: NAMI ST. JOHNS INC.

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1955 US 1 SOUTH

SAINT AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

PO BOX 860294

SAINT AUGUSTINE, FL 32086

FEI Number: 31-1620719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOBBS, CHARLES 2961 ESTATES ST

ST. AUGUSTINE, FL 32084 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 VPD () Delete
 Title:
 PD (X

 Name:
 HUNT, PATTIE
 Name:
 HUNT, PATTIE

 Address:
 129 MARSH ISLAND CIR.
 Address:
 129 MARSH IS

Address: 129 MARSH ISLAND CIR. Address: 129 MARSH ISLAND CIR. City-St-Zip: SAINT AUGUSTINE, FL 32095 City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: PD () Delete Title: VPD (X) Change () Addition

Name: MORENO, LORRINE Name: MORENO, LORRINE
Address: 676 BAHIA DR Address: 676 BAHIA DR

City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD () Delete Title: TD (X) Change () Addition Name: HOBBS, CHARLES R HOBBS, CHARLES R

 Address:
 2961 ESTATES STREET
 Address:
 2961 ESTATES STREET

 City-St-Zip:
 SAINT AUGUSTINE, FL 32084
 City-St-Zip:
 SAINT AUGUSTINE, FL 32084

Title: S () Delete Title: S (X) Change () Addition

 Name:
 JAFFE, ANN
 Name:
 JAFFE, ANN

 Address:
 206 C ST
 Address:
 206 C ST

City-St-Zip: SAINT AUGUSTINE, FL 320846824 City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES R. HOBBS TD 01/11/2006