

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003900

FILED
Feb 10, 2009
Secretary of State

Entity Name: NAMI ST. JOHNS INC.

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 R
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: PD () Delete
Name: DOLGIN, CHERYL
Address: 1955 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPD () Delete
Name: MORENO, LORRINE
Address: 676 BAHIA DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

Title: S () Delete
Name: TUCKER, SUSAN
Address: 1955 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLES R HOBBS

TD

02/10/2009

Electronic Signature of Signing Officer or Director

Date