| Entity Name: NANA'S HOUSE, INC. | | Secretary of State 3543723540CC | | |
|---|--|--|--|--|
| 610 FERRIS ST | cipal Place of Business: SPRINGS, FL 32043 | | 334372334066 | |
| Current Mai | ling Address: | | | |
| 610 FERRIS GREEN CO | ST /E SPRINGS, FL 32043 US | | | |
| FEI Number: 59-3286023 | | | Certificate of Status Desired: Yes | |
| Name and A | ddress of Current Registered Agent: | | | |
| OLINGER, JOH 8512 MOODY (SAINT AUGUS | | | | |
| The above named | l entity submits this statement for the purpose of changing i | ts registered office or regis | tered agent, or both, in the State of Florida. | |
| SIGNATURE | : JOHN W OLINGER | | 02/11/2023 | |
| | | | | |
| | Electronic Signature of Registered Agent | | Date | |
| Officer/Dire | 5 5 5 | | Date | |
| Officer/Dire | 5 5 5 | Title | Date | |
| | ctor Detail : | Title Name | | |
| Title | ctor Detail : DIRECTOR | | CHAIRMAN | |
| Title Name Address | ctor Detail : DIRECTOR ROBERTS, MATTHEW | Name | CHAIRMAN OLINGER, JOHN W. 8512 MOODY CANAL RD | |
| Title Name Address | ctor Detail : DIRECTOR ROBERTS, MATTHEW 3930 MURRHEE RD. | Name Address | CHAIRMAN OLINGER, JOHN W. 8512 MOODY CANAL RD | |
| Title Name Address City-State-Zip: | ctor Detail : DIRECTOR ROBERTS, MATTHEW 3930 MURRHEE RD. GREEN COVE SPRING FL 32043 | Name Address City-State-Zip: | CHAIRMAN OLINGER, JOHN W. 8512 MOODY CANAL RD SAINT AUGUSTINE FL 32092 | |
| Title Name Address City-State-Zip: Title | ctor Detail : DIRECTOR ROBERTS, MATTHEW 3930 MURRHEE RD. GREEN COVE SPRING FL 32043 DIRECTOR | Name Address City-State-Zip: Title | CHAIRMAN OLINGER, JOHN W. 8512 MOODY CANAL RD SAINT AUGUSTINE FL 32092 ASST. TREASURER | |
| Title Name Address City-State-Zip: Title Name Address | ctor Detail : DIRECTOR ROBERTS, MATTHEW 3930 MURRHEE RD. GREEN COVE SPRING FL 32043 DIRECTOR NEWTON, RICHARD D. | Name Address City-State-Zip: Title Name | CHAIRMAN OLINGER, JOHN W. 8512 MOODY CANAL RD SAINT AUGUSTINE FL 32092 ASST. TREASURER MADARA, CHRIS 3688 BALTUSROL CT | |
| Title Name Address City-State-Zip: Title Name Address | ctor Detail : DIRECTOR ROBERTS, MATTHEW 3930 MURRHEE RD. GREEN COVE SPRING FL 32043 DIRECTOR NEWTON, RICHARD D. 2163 TRAILWOOD DR. | Name Address City-State-Zip: Title Name Address | CHAIRMAN OLINGER, JOHN W. 8512 MOODY CANAL RD SAINT AUGUSTINE FL 32092 ASST. TREASURER MADARA, CHRIS 3688 BALTUSROL CT | |
| Title Name Address City-State-Zip: Title Name Address City-State-Zip: | ctor Detail : DIRECTOR ROBERTS, MATTHEW 3930 MURRHEE RD. GREEN COVE SPRING FL 32043 DIRECTOR NEWTON, RICHARD D. 2163 TRAILWOOD DR. FLEMING ISLAND FL 32003 | Name Address City-State-Zip: Title Name Address | CHAIRMAN OLINGER, JOHN W. 8512 MOODY CANAL RD SAINT AUGUSTINE FL 32092 ASST. TREASURER MADARA, CHRIS 3688 BALTUSROL CT | |
| Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title | ctor Detail : DIRECTOR ROBERTS, MATTHEW 3930 MURRHEE RD. GREEN COVE SPRING FL 32043 DIRECTOR NEWTON, RICHARD D. 2163 TRAILWOOD DR. FLEMING ISLAND FL 32003 DIRECTOR | Name Address City-State-Zip: Title Name Address | CHAIRMAN OLINGER, JOHN W. 8512 MOODY CANAL RD SAINT AUGUSTINE FL 32092 ASST. TREASURER MADARA, CHRIS 3688 BALTUSROL CT | |

I hereby 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 all other like empowered.

SIGNATURE: JOHN OLINGER

CHAIRMAN

02/11/2023 Date

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT