

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006223

**Entity Name:** NANA'S HOUSE, INC.

**Current Principal Place of Business:**

610 FERRIS ST  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

610 FERRIS ST  
GREEN COVE SPRINGS, FL 32043

**FEI Number:** 59-3286023

**Certificate of Status Desired:** Yes

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

O'LINGER, JOHN W  
8512 MOODT CANAL RD  
SAINT AUGUSTINE, FL 32092 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

**Officer/Director Detail :**

Title D  
Name WILLIAMS , JEFFREY  
Address 2356 CROOKED PINE LN.  
City-State-Zip: FLEMING ISLAND FL 32203

Title PD  
Name ROBERTS, MATTHEW  
Address 840 COOKS LANE APT 102  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title TD  
Name OLINGER, JOHN  
Address 8512 MOODY CANAL RD  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title VPD  
Name LIPHAM, LARRY  
Address PO BOX 9045  
City-State-Zip: FLEMING ILAND FL 32006

Title D  
Name WATERS , LARRY  
Address 6436 OAK DR.  
City-State-Zip: FLEMING ISLAND FL 32003

Title DEACONESS  
Name BROWN, CAROL PHD  
Address PRINGLE CIRCLE  
223B  
City-State-Zip: GREEN COVE SPRING FL 32043

*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 W. OLINGER

**TD**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date