2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2016
Secretary of State
CC7358885598

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Entity Name: NAMI VOLUSIA FLAGLER ST. JOHNS INC.

Current Principal Place of Business:

676 BAHIA CT.
ST AUGUSTINE, FL 32086

Current Mailing Address:

676 BAHIA CT
ST AUGUSTINE, FL 32086 US

FEI Number: 59-3647007

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MURPHY, LINDA R
7 CAYUSE CT
PALM COAST, FL 32137 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	SECRETARY
Name	SIMPSON, BETSY
Address	460 BALEARICS DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	PRESIDENT
Name	MORENO, ERNEST
Address	676 BAHIA CT
City-State-Zip:	ST. AUGUSTINE, FL 32086

Title	DIRECTOR
Name	BLYTHE, GOLDIE
Address	2976 ESTATES STREET
City-State-Zip:	ST. AUGUSTINE, FL 32084

Title	DIRECTOR
Name	FAGARAGAN, JODIE
Address	6104 SABLE HAMMOCK CIRCLE
City-State-Zip:	PORT ORANGE FL 32128

Title	VP
Name	HUNT, PATTIE
Address	129 MARSH ISLAND CIRCLE
City-State-Zip:	ST AUGUSTINE FL 32095

Title	DIRECTOR
Name	BLACK, CLAUDIA
Address	412 SEBASTIAN SQUARE
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	DIRECTOR
Name	CLARK, JANE
Address	7 SHINNECOCK DRIVE
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	PULOKAS , CHERYL
Address	225 AUTUMN TRAIL
City-State-Zip:	PORT ORANGE FL 32129

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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: ERNEST MORENO PRESIDENT 01/27/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	OWENS, GAINES
Address	129 MARSH ISLAND CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	DIRECTOR
Name	MURPHY, LINDA
Address	7 CAYUSE CT.
City-State-Zip:	PALM COAST FL 32137