2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2014
Secretary of State
CC4452133480

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Entity Name: NAMI VOLUSIA / FLAGLER, INC.

Current Principal Place of Business:

182 SUMMER POINT DRIVE
ST AUGUSTINE, FL 32086

Current Mailing Address:

182 SUMMER POINT DRIVE
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	MURPHY, LINDA R
Address	7 CAYUSE CT.
City-State-Zip:	PALM COAST FL 32137

Title	PRESIDENT
Name	HOBBS, CHARLES
Address	2961 ESTATES STREET
City-State-Zip:	ST. AUGUSTINE, FL 32084-1913

Title	TREASURER
Name	IPARRAGUIRRE, LOUIS A
Address	182 SUMMER PT. DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32086

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

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

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

Title	DIRECTOR
Name	LONGOBARDI, LISA
Address	20 VILLAGE LANE
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	PARRISH, BUB
Address	6 BANTON PLACE
City-State-Zip:	PALM COAST FL 32164

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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: LOUIS A. IPARRAGUIRRE TREASURER 03/20/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	GRINDLE, KRYSTOFER
Address	20 ULLMAN
City-State-Zip:	PALM COAST FL 32164