**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 30, 2019**
**Secretary of State**
**7063031025CC**

DOCUMENT# N99000000228

**Entity Name:** NAMI VOLUSIA FLAGLER ST. JOHNS INC.

**Current Principal Place of Business:**

676 BAHIA CT.
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

PO BOX 860208
ST AUGUSTINE, FL 32086 US

**FEI Number: 59-3647007**

**Certificate of Status Desired:** Yes

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

MURPHY, LINDA R
25 LAGO VISTA PLACE
PALM COAST, FL 32164 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 | GIVENS, GARY |
| Address | 1120 OVERDALE RD. |
| City-State-Zip: | ST. AUGUSTINE FL 32080 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | JONES, MICHAEL |
| Address | 40 RICKENBACKER DR. |
| City-State-Zip: | PALM COAST FL 32164 |

| | |
|---|---|
| Title | VP |
| Name | MURPHY, LINDA |
| Address | 25 LAGO VISTA PLACE |
| City-State-Zip: | PALM COAST FL 32164 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MOORE, SHANAN |
| Address | 5215 SILO RD. |
| City-State-Zip: | ST. AUGUSTINE, FL 32092 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HARTMAN, CYNTHIA |
| Address | 1825 AUTUMN BROOK LANE |
| City-State-Zip: | ST. JOHNS FL 32259 |

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

**Continues on page 2**

*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: CLAUDIA A. BLACK TREASURER 03/30/2019

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | MARQUIS, RICK |
| Address | 321 SAINT GEORGE ST. |
| City-State-Zip: | ST. AUGUSTINE FL 32084 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | REESE, BETH |
| Address | 1016 W. AIKEN ST. |
| City-State-Zip: | ST. AUGUSTINE FL 32084 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HOROWITZ, RON |
| Address | 9 LAKESIDE DR. |
| City-State-Zip: | PALM COAST FL 32137 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MYERS, BILL |
| Address | 512 WEEPING WILLOW LANE |
| City-State-Zip: | ST. AUGUSTINE FL 32080 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SOLOW, DAVID |
| Address | 25 LAGO VISTA PLACE |
| City-State-Zip: | PALM COAST FL 32164 |