

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003417

Entity Name: NORTH AMERICAN FAMILY INSTITUTE, INC.

FILED
Jan 11, 2023
Secretary of State
0933871286CC

Current Principal Place of Business:

90 MAPLE STREET
UNIT 2
STONEHAM, MA 02180

Current Mailing Address:

90 MAPLE STREET
UNIT 2
STONEHAM, MA 02180 US

FEI Number: 04-2921507

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YATES, DEBORAH
3877 SANDHILL CRANE DRIVE
LAKELAND, FL 33811 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 DIRECTOR
Name ZUSKY, MARGARET N
Address 234 LOWELL ROAD
City-State-Zip: WELLESLEY MA 02181

Title CHAIRMAN
Name RICH, HOWARD
Address 289 OCEAN AVE
City-State-Zip: MARBLEHEAD MA 01945

Title CLERK, DIRECTOR
Name VINICK, BARBARA DR.
Address 50 FREEDOM HOLLOW, UNIT 118
City-State-Zip: SALEM MA 01970

Title PRESIDENT
Name BAKAL, YITZHAK DR
Address 80 PARK STREET, APT 22
City-State-Zip: BROOKLINE MA 02246

Title DIRECTOR
Name ZAFRIS, JAMES
Address 53 WARREN STREET, UNIT 116
City-State-Zip: NEWBURYPORT MA 01950

Title TREASURER
Name ROCHA, PAMELA
Address 47 GLEN MEADOW ROAD
City-State-Zip: HAVERHILL MA 01835

Title DIRECTOR
Name MARCORELLE, ROGER
Address 171 JERSEY STREET
City-State-Zip: MARBLEHEAD MA 01945

Title DIRECTOR
Name SAGAL, MATT
Address 70 WEATHERLY DRIVE, UNIT 301
City-State-Zip: SALEM MA 01970

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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: PAMELA ROCHA

TREASURER

01/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEINSTEIN, BARNET
Address 790 BOYLSTON STREET
APT 19H
City-State-Zip: BOSTON MA 02199

Title DIRECTOR
Name TURNER, KATHERINE DR.
Address 8 SPARROW LANE
City-State-Zip: EXETER NH 03833

Title DIRECTOR
Name LOWELL, HARVEY DR.
Address 47 WACHUSETT DRIVE
City-State-Zip: LEXINGTON MA 02173

Title DIRECTOR
Name GROSSMAN, NANCY DR.
Address 44 IRVING STREET, UNIT C
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR
Name HAHN, STEVE
Address 41 OCEAN AVENUE
City-State-Zip: MARBLEHEAD MA 01945