

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010540

**Entity Name:** NAMS NETWORK, INC.

**Current Principal Place of Business:**

2820 SELWYN AVENUE  
SUITE 694  
CHARLOTTE, NC 28209

**Current Mailing Address:**

2820 SELWYN AVENUE  
SUITE 694  
CHARLOTTE, NC 28209 US

**FEI Number:** 27-3731123

**Certificate of Status Desired:** No

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

SAMMONS, ROBERT O  
1556 SIXTH STREET SE  
WINTER HAVEN, FL 33880-4509 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 CHAIRMAN  
Name SHULER, JON  
Address 112 BERRY TREE LANE  
City-State-Zip: PAWLEYS ISLAND SC 29585

Title TREASURER  
Name JOHNSON, DREW  
Address 35 HARVEST COURT  
City-State-Zip: PAWLEYS ISLAND SC 29585

Title VC  
Name ROSSELLO, JOSEP  
Address 29 NORTH STREET  
City-State-Zip: EXMOUTH EX81J2

Title MEMBER  
Name CASANUEVA, ANDRES  
Address BULNES 150  
City-State-Zip: TEMUCO 4780000

Title SECRETARY  
Name GALLUP, ANGELA  
Address 207 LINDEN CIRCLE  
City-State-Zip: PAWLEYS ISLAND SC 29585

*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:** DREW JOHNSON

**TREASURER**

**03/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date