

2015 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

FILED
Apr 11, 2015
Secretary of State
CC4674300424

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 DIRECTOR
Name SHULER, JON
Address 112 BERRY TREE LANE
City-State-Zip: PAWLEYS ISLAND SC 29585

Title DIRECTOR
Name JOHNSON, DREW
Address 889 FIELDGATE CIRCLE
City-State-Zip: PAWLEYS ISLAND SC 29585

Title DIRECTOR
Name GORNIK, MARTIN
Address 3380 SUTHERLAND DRIVE
City-State-Zip: LEXINGTON KY 40517

Title DIRECTOR
Name CAVIN, DABBS
Address 14203 CLARBORNE COURT
City-State-Zip: LITTLE ROCK AR 72211

Title DIRECTOR
Name CREIGHTON, RUSTY
Address 2355 LAKESHORE DRIVE NORTH
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR
Name KLIPOWICZ, STEVEN
Address 503 BLUE FIELD LANE
City-State-Zip: FORT MILL SC 29708

Title DIRECTOR
Name LEE, WEBBER
Address P O BOX 2989
City-State-Zip: MURRELLS INLET SC 29576

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: JON SHULER

DIRECTOR

04/11/2015

Electronic Signature of Signing Officer/Director Detail

Date