



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

MALAMA NA HONU

was incorporated under the laws of Hawaii on 11/21/2007 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 31, 2021

Director of Commerce and Consumer Affairs

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF October 1, 2019

CORPORATION NAME AND MAILING ADDRESS

MALAMA NA HONU
P O BOX 1078
HALEIWA HI 96712

Principal Office Address

P O BOX 1078
HALEIWA HI 96712

1. Nature of Activities

TO PROTECT AND CONSERVE THE HAWAIIAN GREEN SEA TURTLE ("HONU"), PRIMARILY THROUGH EDUCATION, ALL IN THE SPIRIT OF ALOHA. WE HAVE BETWEEN 75 AND 100 VOLUNTEERS WHO PUT PERIMETER ROPES AROUND BASKING HONU AND WHO EDUCATE BEACHGOERS.

2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.

C/O JOSEPH W. MURPHY
MALAMA NA HONU
94-1015 LALAMA LOOP
WAIPAHU HI 96797

3. List all officers and directors.

Offices Held	Full Name	Address
T/D	MURPHY,BEV	94-1015 LALAMA LOOP, WAIPAHU HI 96797
D	HERRERA,DEBBIE	P.O.BOX 1078, HALEIWA HI 96712
P/D	MURPHY,JOSEPH	94-1015 LALAMA LOOP, WAIPAHU HI 96797-5436
V/D	PORTER,DON	P.O. BOX 1078, HALEIWA HI 96712

CONTINUED ON OFFICERS ADDENDUM

<input checked="" type="checkbox"/>	<p>NO CHANGES Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.</p>
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CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

October 24, 2019	JOSEPH MURPHY	JOSEPH MURPHY
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 221006 D2
Rev. 10/2013

2019 B18
B22
BSA



10/24/201942496

OFFICERS ADDENDUM

Offices Held

Full Name

Address

S/D

EMILY,KYLIE

PO BOX 1078, HALEIWA HI 96712

10/24/201942496

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October 1, 2020	JOSEPH W MURPHY	JOSEPH W MURPHY
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 221006 D2
Rev. 10/2013

2020 B18
B22
BSA



10/01/202042332

OFFICERS ADDENDUM

Offices Held

Full Name

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10/01/202042332