

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-14-2005 90081 001 ***122.50
N04000002929

DOCUMENT # N04000002929

1. Entity Name
SPRINGTIME TALLAHASSEE CHARITABLE
FOUNDATION, INC.



Principal Place of Business
209 E PARK AVE
TALLAHASSEE, FL 32301

Mailing Address
P O BOX 1465
TALLAHASSEE, FL 32302

FILED

05 APR 11 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005

Chg-NP

CR2E037 (10/03)

City & State

City & State

FEI Number

27-0087343

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRAMORE, J.V. JR
209 E PARK AVE
TALLAHASSEE, FL 32301

Name
CLOTFELTER, WAYNE

Street Address (P.O. Box Number is Not Acceptable)

3025 TISHA DRIVE

City
TALLAHASSEE

FL

Zip Code
32309

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wayne Clotfelter, Director

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Wayne R Clotfelter 1/27/05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME PARRAMORE, J.V. JR
STREET ADDRESS 209 E PARK AVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME CLOTFELTER, WAYNE
STREET ADDRESS 209 E PARK AVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☒ Delete
NAME DURHAM, ANITA
STREET ADDRESS 209 E PARK AVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME PARSONS, JANE
STREET ADDRESS 209 E PARK AVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME CLOTFELTER, BRENDA
STREET ADDRESS 3025 TISHA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME PARSONS, WILLIAM
STREET ADDRESS 7013 LAKE BASIN ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Clotfelter, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Wayne R Clotfelter 1/27/05 850 4682252