

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002929

FILED
Jan 11, 2006
Secretary of State

Entity Name: SPRINGTIME TALLAHASSEE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

209 E PARK AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P O BOX 1465
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 27-0087343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLOTFELTER, WAYNE
3025 TISHA DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLOTFELTER, BRENDA
Address: 3025 TISHA DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: CLOTFELTER, WAYNE
Address: 209 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: PARSONS, JANE
Address: 209 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: PARSONS, WILLIAM
Address: 7013 LAKE BASIN RD.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER A. BROWN

AD

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date