

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90415 025 ****61.25

DOCUMENT # N04000008732

1. Entity Name
**THE DOWN SYNDROME ASSOCIATION OF
TALLAHASSEE, INC.**



Principal Place of Business
**C/O JACKIE DEOUGH Keough
8830 MINNOW CREEK DRIVE
TALLAHASSEE, FL 32312**

Mailing Address
**C/O JACKIE DEOUGH Keough
8830 MINNOW CREEK DRIVE
TALLAHASSEE, FL 32312**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

43-2062583

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

**KEOUGH, JACKIE
C/O JACKIE DEOUGH
8830 MINNOW CREEK DRIVE
TALLAHASSEE, FL 32312**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **President** ☐ Delete
NAME **Jackie Keough**
STREET ADDRESS **8830 minnow creek Tall. FL** 32312
CITY-ST-ZIP

TITLE **Vice-President** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
NAME **marcie valentine**
STREET ADDRESS **318 Thornberg Drive**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

TITLE ☐ Change ☒ Addition
NAME **Renee Carlson**
STREET ADDRESS **Vice-President**
CITY-ST-ZIP **1044 Corby Ct. Tallahassee, FL 32317**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Pam Usher**
CITY-ST-ZIP **5105 Water Valley Drive Tallahassee, FL 32303**

TITLE ☐ Change ☒ Addition
NAME **Director at large**
STREET ADDRESS **Stacey Kolka**
CITY-ST-ZIP **8108 Blenheim Lane Tallahassee, FL 32312**

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:

Stacey T. Kolka

Stacey T. Kolka

4-29-05

668-6560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #