2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N04000008732

Entity Name: THE DOWN SYNDROME ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O JACKIE KEOUGH
2910 KERRY FOREST PARKWAY D4-212
TALLAHASSEE, FL 32309

FEI Number: 43-2062583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEOUGH, JACKIE
C/O JACKIE DEOUGH
8830 MINNOW CREEK DRIVE
TALLAHASSEE, FL 32312 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: P ( ) Delete
Name: KEOUGH, JACKIE
Address: 8830 MINNOW CREEK
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: VALENTINE, MARCIE
Address: 318 THORNBERH DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete
Name: CARLSEN, RENEE
Address: 1044 CERBY COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: S ( ) Delete
Name: USHER, PAM
Address: 5105 WATER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DAL (X) Delete
Name: KOLKA, STACEY
Address: 8108 BLENHEIM LANE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: VALENTINE, MARCIE
Address: 318 THORNBERH DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change ( ) Addition
Name: MC DONNELL, LINDA
Address: 3205 STORRINGTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change ( ) Addition
Name: JACKSON, CYNTHIA B
Address: 6009 ROLLING HILLS DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: CYNTHIA B. JACKSON TREA 04/18/2006

Electronic Signature of Signing Officer or Director — Date