

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008732

FILED
May 17, 2007
Secretary of State

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
2910 KERRY FOREST PARKWAY D4-212
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 43-2062583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: VP () Delete
Name: VALENTINE, MARCIE
Address: 318 THORNBURGH DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: THABES, LYNDIA
Address: 5596 PIMLICO DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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 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

T

05/17/2007

Electronic Signature of Signing Officer or Director

Date