

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003173

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE WELL OF TALLAHASSEE, INC.

Current Principal Place of Business:

400 CAPITAL CIRCLE SE
SUITE 18243
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

400 CAPITAL CIRCLE SE
SUITE 18243
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-8751978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSERRA, DEAN
7102 TOWNER TRACE
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: INSERRA, DEAN
Address: 7102 TOWNER TRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: V () Delete
Name: SIMMONS, SCOTT
Address: 5721 COUNTRYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Delete
Name: WURZEL, ROBERT
Address: 742 EAGLE VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: HIGNIGHT, JOSH
Address: 2315 VINCENT DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: ROSEN, JENNY
Address: 2772 LAURELWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WURZEL, MARCIA
Address: 742 EAGLE VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ROBINSON, MATTHEW
Address: 4855 HERITAGE PARK BLVD
City-St-Zip: TALLAHASSEE, FL 32311

Title: S (X) Change () Addition
Name: SIMMONS, SCOTT
Address: 5721 COUNTRYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change () Addition
Name: HIGNIGHT, JOSH
Address: 209 BAY PINE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: MERRITT, JEFF
Address: 2305 KILEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change () Addition
Name: FOLSOM, MATT
Address: 3209 LAKE SHORE DRIVE E
City-St-Zip: TALLAHASSEE, FL 32312

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: JOSHUA HIGNIGHT

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date