

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29754

FILED  
May 04, 2010  
Secretary of State

Entity Name: AIA TALLAHASSEE, INC.

**Current Principal Place of Business:**

3011-1 POWELL ROAD  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

3011-1 POWELL ROAD  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

FEI Number: 59-2299347      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:**

DODSON, JOEL  
3011-1 POWELL ROAD  
TALLAHASSEE, FL 32308 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: T  
Name: WHITEHEAD, DON  
Address: 1960-C BUFORD BLVD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: DOBSON, BETH L  
Address: 3750 BOBBIN BROOK COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: LEWIS, RANDY  
Address: 211 JOHN KNOX ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: JOEL, DODSON L  
Address: 3011-1 POWELL ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: P  
Name: LARRY, DAUGHTERY  
Address: 3011 POWELL ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: JOEL DODSON

D

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date