FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47201 (1)

1. Corporation Name

DAMAYAN, INC.

Principal Place of Business	Mailing Address
3900 LONG AND WINDING RD TALLAHASSEE FL 32308	9601 MICCOSUKEE ROAD #16 TALLAHASSEE FL 32308 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 02/04/1992	3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-3113153	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

ALSOP, PENNY F.
9601 MICCOSUKEE RD #16
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ALSOP, PENNY F	
STREET ADDRESS	9601 MICCOSUKEE RD. #16	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	HARRISS, JUDITH	
STREET ADDRESS	89 GREENBAUGH RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	GOLINVEAU, SARA	
STREET ADDRESS	RT 1 BOX 188 R N/A	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	☒ DELETE
NAME	GOLINVEAU, SARA	
STREET ADDRESS	RT. 1 BOX 188 R.	
CITY-ST-ZIP	QUINCY FL	
TITLE	Director	☐ DELETE Addition
NAME	Susan Parks	
STREET ADDRESS	1513 Atapha Nene	
CITY-ST-ZIP	Tallahassee, Fl 32301	
TITLE	Susan, Flanagan	☐ DELETE Addition
NAME	Director	
STREET ADDRESS	8824 B Freedom Rd	
CITY-ST-ZIP	Tallahassee, Fl 32310	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☒ Addition
1.2 NAME	Alex Jaegar	
1.3 STREET ADDRESS	306 N. Meridian #1	
1.4 CITY-ST-ZIP	Tallahassee, Fl 32301	
2.1 TITLE	Director	☐ Change ☒ Addition
2.2 NAME	Susan Parks	
2.3 STREET ADDRESS	1513 Atapha Nene	
2.4 CITY-ST-ZIP	Tallahassee, Fl 32301	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	Susan Flanagan	
3.3 STREET ADDRESS	8824 B Freedom Rd.	
3.4 CITY-ST-ZIP	Tallahassee, Fl 32310	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/19/96 904-877-0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #