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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47201**

1. Corporation Name
DAMAYAN, INC.

331704 - 90188 - 38

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	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1208 Carraway ST.	26 1208 Carraway St.	02/04/1992
Suite, Apt. #, etc. 22 Tallahassee Fl	Suite, Apt. #, etc. 27 Tallahassee Fl	4. FEI Number 59-3113153 ☐ Applied For ☐ Not Applicable
City & State 23 32308 USA	City & State 28 32308 USA	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Penny F. Alsop
82 Street Address (P.O. Box Number is Not Acceptable): 1208 Carraway St.
83: Tallahassee
84 City: FL 85 Zip Code: 32308

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: Penny F. Alsop — DATE: 4/11/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ALSOP, PENNY F		1.2 NAME	Alsop, Penny F	
STREET ADDRESS	9601 MICCOSUKEE RD. #16		1.3 STREET ADDRESS	1208 Carraway St.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRISS, JUDITH		2.2 NAME		
STREET ADDRESS	89 GREENBAUGH RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLINVEAU, SARA		3.2 NAME		
STREET ADDRESS	RT 1 BOX 188 R N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JAEGON, ALEX		4.2 NAME		
STREET ADDRESS	306 NORTH MERIDAN #1		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PARKS, SUSAN		5.2 NAME		
STREET ADDRESS	1513 ATAPHA NENE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FLANAGAN, SUSAN		6.2 NAME		
STREET ADDRESS	8824B FREEDOM ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Penny F. Alsop — 4/11/99 — 850-921-1418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)