

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N47201

1. Corporation Name

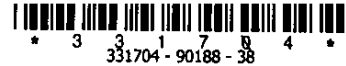
DAMAYAN, INC.

Principal Place of Business
3900 LONG AND WINDING RD
TALLAHASSEE FL 32308

Mailing Address
9601 MICCOSUKEE ROAD
#16
TALLAHASSEE FL 32308
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90188 038 ****61.25



2. Principal Place of Business

21 1208 Carraway ST.

2a. Mailing Address

26 1208 Carraway ST.

Suite, Apt. #, etc.

22 Tallahassee FL

Suite, Apt. #, etc.

27 Tallahassee FL

City & State

23 32308 USA

City & State

28 32308 USA

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/04/1992

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

9. Name and Address of Current Registered Agent

ALSOR, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ALSOP, PENNY F
STREET ADDRESS 9601 MICCOSUKEE RD. #16
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME HARRISS, JUDITH
STREET ADDRESS 89 GREENBAUGH RD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ DELETE

NAME GOLINVEAU, SARA
STREET ADDRESS RT 1 BOX 188 R N/A
CITY-ST-ZIP QUINCY FL

TITLE ☐ DELETE

NAME JAEGON, ALEX
STREET ADDRESS 306 NORTH MERIDAN #1
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME PARKS, SUSAN
STREET ADDRESS 1513 ATAPHA NENE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME FLANAGAN, SUSAN
STREET ADDRESS 8824B FREEDOM ROAD
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Alsop, Penny F
1.3 STREET ADDRESS 1208 Carraway St.
1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/11/99

850-921-418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006210

CR2E037 (11/98)