2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State
07-16-2004 90004 031 ****61.25

DOCUMENT # N94000000811

1. Entity Name
TALLAHASSEE NATURALLY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6866 TALLAHASSEE, FL 32314	P.O. BOX 6866 TALLAHASSEE, FL 32314

44049120

07102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3303901
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVALLEY, PAUL
909 STILL COURT
TALLAHASSEE, FL 32310

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LEVALLEY, PAUL
STREET ADDRESS	909 STILL COURT
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	PD
NAME	LOGAN, GRANT C
STREET ADDRESS	909 1/2 STILL COUNT
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	TD
NAME	STUART, DOUGLAS K
STREET ADDRESS	3204 BEACON STREET
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas K. Stuart 7/13/04 (850) 921-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #