

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90081 001 ***122.50

DOCUMENT # 715823

1. Entity Name
SPRINGTIME TALLAHASSEE, INC.



Principal Place of Business
**209 E. PARK AVE.
TALLAHASSEE, FL 32301**

Mailing Address
**P.O. BOX 1465
TALLAHASSEE, FL 32302**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7241347

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRAMORE, J.V.
2207 TEN OAKS DR
TALLAHASSEE, FL 32312**

Name
CLOTFELTER, WAYNE
Street Address (P.O. Box Number is Not Acceptable)

3025 TISHA DRIVE

City **TALLAHASSEE** **FL** Zip Code **32309**

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 **Wayne Clotfelter, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Wayne R Clotfelter 1/27/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME PARRAMORE, J.V. JR.
STREET ADDRESS 2207 TEN OAKS DR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE PD ☐ Change ☒ Addition
NAME CLOTFELTER, WAYNE
STREET ADDRESS 3025 Tisha Drive
CITY-ST-ZIP Tallahassee, FL 32309

TITLE D ☒ Delete
NAME DURHAM, ANITA
STREET ADDRESS 4211 MCLEOD DR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE C ☐ Change ☒ Addition
NAME PARSONS, JANE
STREET ADDRESS 7013 LAKE BASIN ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE TD ☒ Delete
NAME BELL, JOHN
STREET ADDRESS 3208 SHARER RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE T ☐ Change ☒ Addition
NAME HINSON, PEGGY
STREET ADDRESS 2310 EDENFIELD ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE DD ☒ Delete
NAME ERVIN, LAURA
STREET ADDRESS 3066 HAWKS GLEN
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE S ☐ Change ☒ Addition
NAME MUELLER, CLAUDE
STREET ADDRESS 207 GREEN PASTURE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 1850668-2252

Date

Daytime Phone #