

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008732

FILED
May 15, 2012
Secretary of State

Entity Name: THE DOWN SYNDROME ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

2910 KERRY FOREST PARKWAY
D4-212
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2910 KERRY FOREST PARKWAY
D4-212
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 43-2062583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALZOI, ANGI
2910 KERRY FOREST PARKWAY
D4-212
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

KOLKA, STACEY T
2910 KERRY FOREST PARKWAY
D4-212
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: STACEY T. KOLKA

05/15/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: TOMAN, AMY
Address: 2910 KERRY FOREST PARKWAY D4-212
City-St-Zip: TALLAHASSEE, FL 32309

Title: TREA
Name: KOLKA, STACEY T
Address: 2910 KERRY FOREST PARKWAY D4-212
City-St-Zip: TALLAHASSEE, FL 32309

Title: DIR
Name: THARPE, DANIELLE
Address: 2910 KERRY FOREST PARKWAY D4-212
City-St-Zip: TALLAHASSEE, FL 32309

Title: DIR
Name: FAZOLI, ANGI
Address: 2910 KERRY FOREST PARKWAY D4-212
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STACEY T. KOLKA

TREA

05/15/2012

Electronic Signature of Signing Officer or Director

Date