

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 715823

**Entity Name:** SPRINGTIME TALLAHASSEE, INC.

**Current Principal Place of Business:**

209 E. PARK AVE.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

209 E. PARK AVE.  
TALLAHASSEE, FL 32301

**FEI Number:** 23-7241347

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NAFF, JENNIFER  
209 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WAMPLER, JOHN  
Address 209 E. PARK AVE.  
City-State-Zip: TALLAHASSEE FL 32301  
  
Title T  
Name THORNBERRY, MARCIA DEEB  
Address 209 E. PARK AVE.  
City-State-Zip: TALLAHASSEE FL 32301

Title C  
Name JANSEN, STEPHANIE  
Address 209 E. PARK AVE.  
City-State-Zip: TALLAHASSEE FL 32301  
  
Title S  
Name JANSSENS, ANA  
Address 209 E. PARK AVE.  
City-State-Zip: TALLAHASSEE FL 32301

*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:** ANA JANSSENS

S

07/27/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date