

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002929

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC3787521259**

**Entity Name:** SPRINGTIME TALLAHASSEE CHARITABLE FOUNDATION, 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: 27-0087343**

**Certificate of Status Desired: No**

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

ROSEN, CAROL R  
209 E. PARK AVE  
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 P  
Name ROSEN, CAROL R  
Address 209 E. PARK AVE  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name CLARKE, LINDA M  
Address 209 E. PARK AVE  
City-State-Zip: TALLAHASSEE FL 32301

Title S  
Name MILTON, NANCY  
Address 209 E. PARK AVE  
City-State-Zip: TALLAHASSEE FL 32301

Title V  
Name LEON, CAROL  
Address 209 E PARK AVE  
City-State-Zip: TALLAHASSEE FL 32301

Title T  
Name FITZPATRICK, GARY  
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: GARY FITZPATRICK**

**TREASURER**

**02/05/2014**

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

\_\_\_\_\_  
Date