

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008732

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

**FILED**  
**Sep 20, 2013**  
**Secretary of State**  
**CC0623149978**

**Current Principal Place of Business:**

2910 KERRY FOREST PARKWAY  
D4-212  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2910 KERRY FOREST PARKWAY  
D4-212  
TALLAHASSEE, FL 32309

**FEI Number: 43-2062583**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            SECRETARY  
Name            KERENSKY, RACHEL  
Address        2910 KERRY FOREST PARKWAY D4-212  
City-State-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**

**TREASURER**

**09/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date