

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008732

Entity Name: THE DOWN SYNDROME ASSOCIATION OF TALLAHASSEE, INC.**FILED**
Jun 08, 2015
Secretary of State
CC1268054385**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 | 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 | DIRECTOR |
| Name | BEAHN, KRAIG |
| Address | 2910 KERRY FOREST PARKWAY D4-212 |
| City-State-Zip: | TALLAHASSEE FL 32309 |

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|-----------------|----------------------------------|
| Title | DIRECTOR |
| Name | ROBINSON, HEATHER |
| Address | 2910 KERRY FOREST PARKWAY D4-212 |
| City-State-Zip: | TALLAHASSEE FL 32309 |

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|-----------------|----------------------------------|
| Title | PRESIDENT |
| Name | DAVIS, AMBER |
| Address | 2910 KERRY FOREST PARKWAY D4-212 |
| City-State-Zip: | TALLAHASSEE FL 32309 |

| | |
|-----------------|----------------------------------|
| Title | SECRETARY |
| Name | SNYDER, JANE |
| 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 KOLKA**TREASURER****06/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date