

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

DOCUMENT# N06000001348

**Entity Name:** TALLAHASSEE SIGMAS EDUCATIONAL FOUNDATION, INC.

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC4629733747**

**Current Principal Place of Business:**

1117 SANDLER RIDGE ROAD  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

P. O. BOX 180755  
TALLAHASSEE, FL 32318

**FEI Number: 20-4272774**

**Certificate of Status Desired: No**

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

FARMER, ERRICK  
1117 SANDLER RIDGE ROAD  
TALLAHASSEE, FL 32317 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 D  
Name FARMER, ERRICK  
Address 1117 SANDLER RIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title D  
Name WILTSHER, HARRIS  
Address 378 ROB ROY TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name DUDLEY, REGINALD  
Address 10863 HERFORD CHASE  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name WILLIAMS, EDDIE  
Address P. O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR  
Name WILLIAMS, RICKIE  
Address P. O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

*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: EDDIE WILLIAMS**

**DIRECTOR**

**04/09/2014**

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

\_\_\_\_\_  
Date