

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 26, 2018
Secretary of State
CC4113831872

Entity Name: TALLAHASSEE SIGMAS EDUCATIONAL FOUNDATION, INC.

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 CEO
Name MARSHALL, JAMES
Address P. O. BOX 180755
City-State-Zip: TALLAHASSEE FL 32318

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

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

Title DIRECTOR
Name GILBERT, BRIAN
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

02/26/2018

Electronic Signature of Signing Officer/Director Detail

_____ Date