2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2022
Secretary of State
7521585009CC

DOCUMENT# N07542

Entity Name: THE TALLAHASSEE CAMELLIA SOCIETY, INC.

Current Principal Place of Business:

7476 SKIPPER LANE
TALLAHASSEE, FL 32317

Current Mailing Address:

7476 SKIPPER LANE
TALLAHASSEE, FL 32317 US

FEI Number: 59-2500617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAPHIS, RANDOLPH
7476 SKIPPER LANE
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: RANDOLPH MAPHIS 04/15/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	BOARD MEMBER
Name	MARRINAN, ROCHELLE DR.
Address	6299 VENDURA WAY
City-State-Zip:	TALLAHASSEE FL 32311

Title	SEC 2023
Name	BIEDERMAN, LINDA MRS.
Address	8332 SHENANDOAH DR.
City-State-Zip:	TALLAHASSEE FL 32317

Title	PRESIDENT
Name	ROORDA, DIANE MRS.
Address	106 TYRON DR.
City-State-Zip:	TALLAHASEE FL 32312-2743

Title	BORD MEMBER
Name	LANG, MARY ALMA
Address	6025 ROBERTS ROAD
City-State-Zip:	TALLAHASEE FL 32309

Title	S
Name	COSPER, CINDY
Address	520 OAKLAND AVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	BOARD MEMBER
Name	MAPHIS, RANDOLPH
Address	7476 SKIPPER LANE
City-State-Zip:	TALLAHASSEE FL 32317

Title	BOARD MEMBER
Name	AVANT, GAYLE MRS.
Address	2407 DELGADO DR..
City-State-Zip:	TALLAHASSEE FL 32304

Title	BOARD MEMBER
Name	MONSON, SANDY
Address	2868 FITZPATRICK DR
City-State-Zip:	TALLAHASSEE FL 32312

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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: CINDY COSPER SECRETARY 04/15/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	WILLIAMS, SARA DOCTOR
Address	5742 OWLS NEST ROAD
City-State-Zip:	TALLAHASSEE FL 32309