

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003425

Entity Name: SUSTAINABLE TALLAHASSEE, INCORPORATED**Current Principal Place of Business:**665 FOREST LAIR
TALLAHASSEE, FL 32312**Current Mailing Address:**POST OFFICE BOX 765
TALLAHASSEE, FL 32302-0765 US**FEI Number:** 26-2357163**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOTARY PUBLIC UNDERWRITERS, INC
5524 APALACHEE PARKWAY
TALLAHASSEE, FL 32311 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:** JACK DIESTELHORST

04/19/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KADDIS, SAMANTHA
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title PRESIDENT
Name CROW, CALEB
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title SECRETARY
Name MCELROY, JANE
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title VP
Name LACHAPPELLE, LAURA
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title DIRECTOR
Name FORTSON, KOLE
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title DIRECTOR
Name DOFFEK, PAMALA
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title DIRECTOR
Name AMIDON, ALAN
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title DIRECTOR
Name HANKINSON, GAIL
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

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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: JANE MCELROY

SECRETARY

04/19/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOSKINS, WARREN
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title DIRECTOR
Name SCHILLING, JESSICA
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title DIRECTOR
Name MULLINIX, MEGAN
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765

Title DIRECTOR
Name LUTHER, MADELYN
Address POST OFFICE BOX 765
City-State-Zip: TALLAHASSEE FL 32302-0765