

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009777

Entity Name: TALLAHASSEE ASSOCIATION OF GOVERNMENT
ACCOUNTANTS, INC.**Current Principal Place of Business:**5341 SAINT IVES LOAN
TALLAHASSEE, FL 32309**Current Mailing Address:**COLLEGE AVENUE STATION
PO BOX 1335
TALLAHASSEE, FL 32302 US**FEI Number: 59-3754778****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEALL, JOHN DOUGLAS
COLLEGE AVENUE STATION
PO BOX 1335
TALLAHASSEE, FL 32302 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:** JOHN DOUGLAS BEALL

01/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name HODGE, TRACIE CFE
Address COLLEGE AVENUE STATION
PO BOX 1335
City-State-Zip: TALLAHASSEE FL 32302

Title SECRETARY
Name ALLEN , JACOB
Address 2615 CENTENNIAL BLVD STE 200
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT
Name BEALL, JOHN DOUGLAS
Address 5341 SAINT IVES LANE
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER
Name NIGHT, WILLIAM
Address P O BOX 1335
City-State-Zip: TALLAHASSEE FL 32302

Title PRESIDENT-ELECT
Name CHRIS , SMITH
Address 2615 CENTENNIAL BLVD STE 200
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY ELECT
Name VICE, SHARON
Address 1801 HERMITAGE BLVD, SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

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: JOHN DOUGLAS BEALL

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date