

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009777

Entity Name: TALLAHASSEE ASSOCIATION OF GOVERNMENT
ACCOUNTANTS, INC.**FILED**
Mar 14, 2021
Secretary of State
6584506531CC**Current Principal Place of Business:**1844 RODEO DRIVE
TALLAHASSEE, FL 32311**Current Mailing Address:**COLLEGE AVENUE STATION
PO BOX 1335
TALLAHASSEE, FL 32302 US**FEI Number: 59-3754778****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MANNING, PATRICIA MILLER DBA
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:** PATRICIA MILLER MANNING

03/14/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MANNING, PATRICIA MILLER DBA
Address	1844 RODEO DRIVE
City-State-Zip:	TALLAHASSEE FL 32311

Title	PRESIDENT-ELECT
Name	WIGGINS, LISA L
Address	25 SAND PINE CIRCLE
City-State-Zip:	MIDWAY FL 32343

Title	TREASURER
Name	MURPHY, ANTONIO
Address	2500 MERCHANTS ROW BLVD APT. 184
City-State-Zip:	TALLAHASSEE FL 32311

Title	TREASURER-ELECT
Name	WALKER, PETER
Address	A6300 UNIVERSITY CENTER 282 CHAMPIONS WAY
City-State-Zip:	TALLAHASSEE FL 32306

Title	SECRETARY
Name	ROWE, ROWE CPA
Address	874 TRADITIONS WAY SSB THIRD FLOOR
City-State-Zip:	TALLAHASSEE FL 32306

Title	PAST-PRESIDENT
Name	RAY, PAMELA CPA
Address	216 OMEGA DRIVE
City-State-Zip:	MONTICELLO FL 32344

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: PATRICIA MILLER MANNING**PRESIDENT**

03/14/2021

Electronic Signature of Signing Officer/Director Detail

Date