## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009777

Entity Name: TALLAHASSEE ASSOCIATION OF GOVERNMENT

ACCOUNTANTS, INC.

**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: No

Name and Address of Current Registered Agent:

HODGE, TRACIE **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: TRACIE HODGE 01/24/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title TREASURER ELECT HODGE, TRACIE CFE Name Name NIGHT, WILLIAM

**COLLEGE AVENUE STATION** Address Address P O BOX 1335

PO BOX 1335 City-State-Zip: TALLAHASSEE FL 32302

City-State-Zip: TALLAHASSEE FL 32302

Title **SECRETARY** Title TREASURER

Name RAY, PAMELA CPA Name WALKER, PETER CPA Address 216 OMEGA DRIVE

Address A6300 UNIVERSITY CENTER City-State-Zip: MONTICELLO FL 32344

282 CHAMPIONS WAY

TALLAHASSEE FL 32306 City-State-Zip: Title PRESIDENT-ELECT

**PAST-PRESIDENT** Title Name BEALL, JOHN

Name MANNING, PATRICIA MILLER Address P O BOX 1335

Address P O BOX 1335 City-State-Zip: TALLAHASSEE FL 32302

City-State-Zip: TALLAHASSEE FL 32302

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: TRACIE HODGE CHAPTER PRESIDENT 01/24/2023

**FILED** Jan 24, 2023

**Secretary of State** 

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