

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009777

Entity Name: TALLAHASSEE ASSOCIATION OF GOVERNMENT
ACCOUNTANTS, INC.**FILED**
Jun 10, 2020
Secretary of State
2020004603CC**Current Principal Place of Business:**874 TRADITIONS WAY
TALLAHASSEE, FL 32306**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:**RAY, PAMELA R
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: PAMELA R. RAY****06/10/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	RAY, PAMELA R.
Address	874 TRADITIONS WAY SUITE 101
City-State-Zip:	TALLAHASSEE FL 32306

Title	P EL
Name	MANNING, PATRICIA
Address	1844 RODEO DRIVE
City-State-Zip:	TALLAHASSEE FL 32311

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

Title	TR E
Name	WALKER, PETER
Address	A6300 UNIVERSITY CENTER
City-State-Zip:	TALLAHASSEE FL 32306

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

Title	PAST PRES
Name	DICKENS, JAMAAL R
Address	2308 KILLEARN CENTER BLVD
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: PAMELA R. RAY**PRESIDENT****06/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date