

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009777

Entity Name: TALLAHASSEE ASSOCIATION OF GOVERNMENT
ACCOUNTANTS, INC.**FILED**
Apr 23, 2019
Secretary of State
0598557073CC**Current Principal Place of Business:**2308 KILLEARN CENTER BLVD
SUITE 101
TALLAHASSEE, FL 32308**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:**DICKENS, JAMAAL 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: JAMAAL R. DICKENS****04/23/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	DICKENS, JAMAAL R.
Address	2308 KILLEARN CENTER BLVD SUITE 101
City-State-Zip:	TALLAHASSEE FL 32308

Title	P EL
Name	RAY, PAMELA
Address	874 TRADITIONS WAY
City-State-Zip:	TALLAHASSEE FL 32306

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

Title	TR E
Name	GRAHAM, DENISON
Address	376 CASTLETON CIRCLE
City-State-Zip:	TALLAHASSEE FL 32312

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

Title	PAST PRES
Name	LEWANDOWSKI, JAMES
Address	10533 VALENTINE RD S
City-State-Zip:	TALLAHASSEE FL 32317

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: JAMES LEWANDOWSKI**PAST PRES****04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date