

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29754

**Entity Name:** AIA TALLAHASSEE, INC.**Current Principal Place of Business:**3011-1 POWELL ROAD  
TALLAHASSEE, FL 32308**Current Mailing Address:**3011-1 POWELL ROAD  
TALLAHASSEE, FL 32308 US**FEI Number:** 59-2299347**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DODSON, JOEL  
3011-1 POWELL ROAD  
TALLAHASSEE, FL 32308 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	WHITEHEAD, DON
Address	211 JOHN KNOX ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	PRESIDENT
Name	HOY, PATRICK
Address	1350 MARKET STREET #209
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	ERIKA, HAGAN
Address	1350 MARKET STREET #209
City-State-Zip:	TALLAHASSEE FL 32312

Title	ASSOCIATE DIRECTOR
Name	HALDANE, LIESEL
Address	1350 MARKET STREET #209
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	JOEL, DODSON L
Address	3011-1 POWELL ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	T
Name	EVE, WILLIAMS
Address	211 JOHN KNOX ROAD
City-State-Zip:	TALLAHASSEE FL 32303

Title	SECRETARY
Name	STARK, MONTY
Address	1350 MARKET STREET #209
City-State-Zip:	TALLAHASSEE FL 32312

*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:** JOEL DODSON**DIRECTOR****03/24/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date