

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47201

Entity Name: DAMAYAN, INC.**Current Principal Place of Business:**1401 HIGH ROAD
TALLAHASSEE, FL 32304**Current Mailing Address:**P.O. BOX 38401
TALLAHASSEE, FL 32315-8401 US**FEI Number:** 59-3113153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHIPPS, LAURA
4975 CLIPPYS DRIVE
TALLAHASSEE, FL 32303 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:** LAURA PHIPPS

03/26/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, TREASURER
Name ROUNTREE, DAVID
Address 2039 NORTH MERIDIAN ROAD
APARTMENT 145
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name TAYLOR, JODY
Address 228 EAST LAKE LANE
City-State-Zip: QUINCY FL 32351

Title DIRECTOR, CHAIRMAN
Name PHIPPS, LAURA
Address 4975 CLIPPYS DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name WEISS, KATHRYN
Address 1121 LASSWADE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name TAYLOR, BILL
Address 228 EAST LAKE LANE
City-State-Zip: QUINCY FL 32351

Title DIRECTOR
Name ESTEVEZ, ROBBIE
Address 1516 COOMBS DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, VP
Name LUNDY, PORTIA
Address 1447 STONE ROAD
APARTMENT # F 45
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name SMALL, CHRISTINE
Address 2211 ORLEANS DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Continues on page 2

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: DAVID A. ROUNTREE

TREASURER

03/26/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TANCIG, MARK
Address	1519 JACKSON STREET
City-State-Zip:	TALLAHASSEE FL 32303