

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000620

Entity Name: THE ARTIST SERIES OF TALLAHASSEE, INC.**Current Principal Place of Business:**8853 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312**Current Mailing Address:**PO BOX 13705
TALLAHASSEE, FL 32317-3705 US**FEI Number: 59-3299905****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THALER, ROBERT D.
8853 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312 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:** ROBERT THALER

01/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name CONNORS, CARLA DR.
Address 6320 MALLARD TRACE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title VP, DIRECTOR
Name OWENS, EDNA
Address 511 NORTH MERIDIAN STREET
City-State-Zip: TALLAHASSEE FL 32301

Title TR, DIRECTOR
Name PIEKALKIEWICZ, ELLEN
Address 8327 INVERNESS DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title SC, DIRECTOR
Name HERRINGTON, PATRICIA
Address 2524 LIMERICK DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title CEO
Name THALER, ROBERT
Address 8853 WINGED FOOT DRIVE
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: ROBERT THALER**CHIEF EXECUTIVE
OFFICER**

01/29/2016

Electronic Signature of Signing Officer/Director Detail

Date