

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000620

Entity Name: THE ARTIST SERIES OF TALLAHASSEE, INC.**Current Principal Place of Business:**6320 MALLARD TRACE DRIVE
TALLAHASSEE, FL 32312**Current Mailing Address:**PO BOX 13705
TALLAHASSEE, FL 32317 US**FEI Number:** 59-3299905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAYS, MELANIE
260 NORTH CHERRY STREET
MONTICELLO, FL 32344 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:** MELANIE MAYS

04/29/2020

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 HOSKEN, GLENN
Address 3798 E. MILLERS BRIDGE
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 MAYS, MELANIE
Address 260 NORTH CHERRY STREET
City-State-Zip: MONTICELLO FL 32344

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: MELANIE MAYS

CEO

04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date