



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 715644						FILED 07 APR 26 AM 9:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Entity Name THE LEGAL AID FOUNDATION OF THE TALLAHASSEE BAR ASSOCIATION, INC.				Principal Place of Business LEON COUNTY COURTHOUSE ROOM 443A 301 S. MONROE ST. TALLAHASSEE, FL 32301		Mailing Address LEON COUNTY COURTHOUSE ROOM 443A 301 S. MONROE ST. TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-1236357		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
ARRANT, KATHRYN 301 S. MONROE ST. RM 443A TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROBERTS, GARY 167 SALEM CT TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, JOAN HUMPHREY 215 S. MONROE ST. 2ND FLOOR TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Thomas Schulte, Jr. 1102 N. Gadsden St. Tallahassee, Florida 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, DAWN 301 S. MONROE ST. 313 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ARRANT, KATHRYN 301 S MONROE STREET RM 443A TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100101357041 05/03/07--01016--030 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARC, TAPS 2119 DELTA BLVD. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Suzanne Brownless 1975 Buford Blvd. Tallahassee, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROBERT, GOLDMAN 1705 METROPOLITIAN BLVD STE 101 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Kathryn Arrant</i> Kathryn Arrant				4/26/07		850-222-3292	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	