



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 715644 1. Entity Name THE LEGAL AID FOUNDATION OF THE TALLAHASSEE BAR ASSOCIATION, INC.						FILED 08 SEP -3 PM 2:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business LEON COUNTY COURTHOUSE ROOM 443A 301 S. MONROE ST. Ste. 108 TALLAHASSEE, FL 32301				Mailing Address LEON COUNTY COURTHOUSE ROOM 443A 301 S. MONROE ST. Ste. 108 TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box # 301 S. Monroe St. Ste. 108		3. Mailing Address 301 S. Monroe St. Ste. 108					
Suite, Apt. #, etc. Ste. 108		Suite, Apt. #, etc. Ste. 108					
City & State Tallahassee, FL		City & State Tallahassee, FL					
Zip 32301		Country USA		4. FEI Number 59-1236357		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09032008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent ARRANT, KATHRYN 301 S. MONROE ST. RM 443A TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 September 12, 2008				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	D ROBERTS, GARY <input type="checkbox"/> Delete 167 SALEM CT TALLAHASSEE, FL 32301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Roberts, Gary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 130 Salem Ct. Tallahassee, FL 32301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULTE, THOMAS JR <input type="checkbox"/> Delete 1102 N GADSDEN ST TALLAHASSEE, FL 32303			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800135371728 09/04/08--01035--020 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DAWN <input type="checkbox"/> Delete 301 S. MONROE ST. 313 TALLAHASSEE, FL 32301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Arrant, Kathryn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 S. Monroe St., Ste 108 Tallahassee, FL 32301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWNLESS, SUZANNE <input type="checkbox"/> Delete 1975 BUFORD BLVD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD Brownless, Suzanne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1975 Buford Blvd. Tallahassee, FL 32308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT, GOLDMAN <input checked="" type="checkbox"/> Delete 1705 METROPOLITAN BLVD STE 101 TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cohen, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1230 Apalachee Parkway Tallahassee, FL 32309-3060		
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: <u>Kathryn Arrant</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/2/08 850-570-2255 <small>Date Daytime Phone #</small>			

9/3/08