


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90015 009 \*\*\*\*70.00

<b>DOCUMENT # 725373</b> 1. Entity Name <b>NAIFA TALLAHASSEE, INC.</b>					
Principal Place of Business <b>106 EAST COLLEGE AVE TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>PO BOX 14035 TALLAHASSEE, FL 32308 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3051 Highland Oaks</b>		3. Mailing Address <b>P.O. Box 14035</b>			
Suite, Apt. #, etc. <b>Suite 2</b>		Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>			
Zip <b>32301</b>	Country <b>USA</b>	Zip <b>32308</b>	Country <b>USA</b>	4. FEI Number <b>59-1783327</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, MICHAEL S 106 E. COLLEGE AVE. STE 820 TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>Harvey Alsup</b> Street Address (P.O. Box Number is Not Acceptable) <b>3051 Highland Oaks</b> <b>Ste 2</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>		
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 <b>Harvey Alsup</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Harvey Alsup, President</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>7-8-2008</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAMPBELL, MICHAEL S</b> <b>106 E. COLLEGE AVE. STE 820</b> <b>TALLAHASSEE, FL 32308</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Alsup, Harvey</b> <b>3051 Highland Oaks Terr Ste 2</b> <b>Tallahassee, FL 32301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WENGERT, DAVE</b> <b>1892 BUFORD BLVD.</b> <b>TALLAHASSEE, FL 32308</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP Wengert, Dave</b> <b>1892 Buford Blvd</b> <b>Tallahassee, FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>THEOBALD, RICHARD P</b> <b>2930 CAPITAL MEDICAL BLVD.</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALSUP, HARVEY</b> <b>3051 HIGHLAND OAKS TERRACE STE 2</b> <b>TALLAHASSEE, FL 32301</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Goodson, Jesse</b> <b>P.O. Bx 3605</b> <b>Tallahassee, FL 32301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Frank, James</b> <b>1925 Buford Blvd</b> <b>Tallahassee, FL 32308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Koburger, JIM</b> <b>3134 Brandywine Dr.</b> <b>Tallahassee, FL 32312</b>	<input type="checkbox"/> Change <input checked="" 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: <b>Harvey Alsup, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7/8/2008 850-878-2564</b> <small>Date Daytime Phone #</small>		