

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725373

FILED
Aug 31, 2009
Secretary of State

Entity Name: NAIFA TALLAHASSEE, INC.

Current Principal Place of Business:

3051 HIGHLANDS OAKS STE 2
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14035
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-1783327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALSUP, HARVEY
3051 HIGHLAND OAKS STE 2
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALSUP, HARVEY
Address: 3051 HIGHLAND OAKS TERR STE 2
City-St-Zip: TALLAHASSEE, FL 32301

Title: PP () Delete
Name: WENGERT, DAVE
Address: 1892 BUFORD BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: THEOBALD, RICHARD P
Address: 2930 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: GOODSON, JESSE
Address: PO BOX 3605
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: FRANK, JAMES
Address: 1925 BUFORD BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: KOBURGER, JIM
Address: 3134 BRANDYWINE DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JESSE D. GOODSON

T

08/31/2009

Electronic Signature of Signing Officer or Director

Date