2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726634

FILED Jan 04, 2007 Secretary of State

Entity Name: TALLAHASSEE CHAPTER NO. 445 E.A.A., INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 15698 TALLAHASSEE, FL 323175698 **Current Mailing Address: New Mailing Address:** P.O. BOX 15698 TALLAHASSEE, FL 323175698 FEI Number: 59-2879041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILLIPS, KELLEY 2828 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PHILLIPS, KELLEY Name: Name: P.O. BOX 15698 Address: Address: City-St-Zip: TALLAHASSEE, FL 323175698 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition Name: WILLIAMS, DAVID Name: DEASON, DANNY Address: 2318 KILKENNE DRIVE WEST Address: 2118 WILLIE VAUSE RD City-St-Zip: TALLAHASSEE, FL City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: (X) Change () Addition LECORNU, DAVID LECORNU, DAVID Name: Name: POST OFFICE BOX 117 POST OFFICE BOX 117 Address: Address: City-St-Zip: LOYDD, FL 32336 City-St-Zip: LOYDD, FL 32336 Title: DΡ () Delete Title: () Change () Addition SIVYER, JOHN Name: Name: 1805 THUNDER HILL WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLEY PHILLIPS DT 01/04/2007