

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726634

FILED
Jan 09, 2008
Secretary of State

Entity Name: TALLAHASSEE CHAPTER NO. 445 E.A.A., INC.

Current Principal Place of Business:

P.O. BOX 15698
TALLAHASSEE, FL 323175698

New Principal Place of Business:

2828 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 15698
TALLAHASSEE, FL 323175698

New Mailing Address:

FEI Number: 59-2879041 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PHILLIPS, KELLEY
2828 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: DT () Delete
Name: PHILLIPS, KELLEY
Address: P.O. BOX 15698
City-St-Zip: TALLAHASSEE, FL 323175698

Title: DP () Delete
Name: DEASON, DANNY
Address: 2118 WILLIE VAUSE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: LECORNU, DAVID
Address: POST OFFICE BOX 117
City-St-Zip: LOYDD, FL 32336

Title: DP () Delete
Name: SIVYER, JOHN
Address: 1805 THUNDER HILL WAY
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:

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: KELLEY PHILLIPS

DT

01/09/2008

Electronic Signature of Signing Officer or Director

Date