

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 737465

1. Entity Name
TALLAHASSEE BAR ASSOCIATION, INC.



Principal Place of Business
301 S. MONROE ST, SUITE 325-108
TALLAHASSEE, FL 32302 32301

Mailing Address
P.O. BOX 813
TALLAHASSEE, FL 32302

2. Principal Place of Business - No P.O. Box #
301 S. Monroe St.

3. Mailing Address

Suite, Apt. #, etc.
Ste. 108

Suite, Apt. #, etc.

City & State

City & State

Zip
32301

Country

Zip

Country

09032008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2355881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARRANT, KATHRYN
301 S MONROE ST.
STE. 325
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PED ☐ Delete
NAME BANKS, JAMES C
STREET ADDRESS 810 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE, FL 323036218

TITLE M ☐ Delete
NAME ARRANT, KATHRYN
STREET ADDRESS 301 S MONROE ST., STE. 325
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE PD ☒ Delete
NAME DANIELS, NANCY
STREET ADDRESS 301 S MONROE ST STE 401
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE PD ☐ Delete
NAME TRAMMELL ROOP, MEREDITH
STREET ADDRESS 1500 E PARK AVE.
CITY-ST-ZIP TALLAHASSEE, FL 323012818

TITLE TD ☐ Delete
NAME OKEEFE, KELLY
STREET ADDRESS 215 S MONROE STE 400
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE SD ☐ Delete
NAME MADIGAN, TERRELL
STREET ADDRESS 215 E THARPE ST
CITY-ST-ZIP TALLAHASSEE, FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Banks, James C.
STREET ADDRESS 810 Thomasville Rd
CITY-ST-ZIP Tallahassee, FL 32303 6218

TITLE M ☒ Change ☐ Addition
NAME Arrant, Kathryn
STREET ADDRESS 301 S. Monroe St., Ste. 108
CITY-ST-ZIP Tallahassee, FL 32301

TITLE TD ☐ Change ☐ Addition
NAME Sha'Ron James
STREET ADDRESS 2618 Centennial Place
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D ☒ Change ☐ Addition
NAME Trammell Roop Meredith
STREET ADDRESS 1500 E. Park Ave.
CITY-ST-ZIP Tallahassee, FL 32301-2818

TITLE PED ☒ Change ☐ Addition
NAME Okeefe, Kelly
STREET ADDRESS 125 S. Gadsden St., Ste. 300
CITY-ST-ZIP Tallahassee, FL 32301-1589

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathryn Arrant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/08

850-570-2235

Date

Daytime Phone #

9/3aw