

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737465

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** TALLAHASSEE BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

301 S. MONROE ST.  
#108  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 813  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-2355881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAUS, KATHY ESQ.  
3600 MACLAY BLVD.  
STE. 101  
TALLAHASSEE, FL 32312 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: D  
Name: VANSICKLE, MELISSA  
Address: 106 E. COLLEGE AVE., SUITE 600  
City-St-Zip: TALLAHASSEE, FL 323017721

Title: M  
Name: CAPECE, JOAN  
Address: 301 S MONROE ST., STE. 108  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD  
Name: MESSER, JAMES E  
Address: 3375 CAPITAL CIR., N.E. BLDG. A  
City-St-Zip: TALLAHASSEE, FL 323083778

Title: D  
Name: MAUS, KATHY  
Address: 3600 MACLAY BLVD., STE 101  
City-St-Zip: TALLAHASSEE, FL 323121267

Title: D  
Name: MADIGAN, TERRELL C  
Address: 215 E THARPE ST  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: MELISSA VANSICKLE

ST

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date