

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754444

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** THE TALLAHASSEE SENIOR CITIZENS FOUNDATION, INC.

**Current Principal Place of Business:**

C/O 1400 N MONROE ST  
OLD ARMORY BLDG  
TALAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1400 N MONROE ST  
OLD ARMORY BLDG  
TALAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-2040638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHAELS, HARRY LEWIS  
2549 STONEGATE DR  
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: SD ( ) Delete  
Name: PERSONETT, ANDREA  
Address: 530 WILLIAMS ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete  
Name: HOPKINS, G.C.(CLIFF)  
Address: 1107 PINECREST DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD ( ) Delete  
Name: HARRELL, SCOTT  
Address: 1882 CAPITAL CIRCLE NE SUITE 203  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete  
Name: CARROLL, MARY  
Address: 520 SHORT ST  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: HOPKINS, G.C.(CLIFF)  
Address: 5103 TOURAINE DR.  
City-St-Zip: TALLAHASSEE, FL 32308

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: MARY S. CARROLL

PD

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date