2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 759040

Entity Name: TALLAHASSEE FRIENDS OF OUR PARKS FOUNDATION, INC.

Current Principal Place of Business:

C/O 912 MYERS PARK DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

C/O 912 MYERS PARK DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-2164894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, ASHLEY
912 MYERS PARK DRIVE
TALLAHASSEE, FL 32301 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:	WARMACK, PATRICIA	
Address:	ROUTE #3, BOX 591	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	TD	( ) Delete
Name:	EDWARDS, ASHLEY C.	
Address:	912 MYERS PARK DR	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	CD	( ) Delete
Name:	MCFARLAND, KAREN	
Address:	912 MYERS PARK DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	VCD	( ) Delete
Name:	PROCTOR, PALMER	
Address:	912 MYERS PARK DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32301	

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: ASHLEY EDWARDS TD 04/15/2009

Electronic Signature of Signing Officer or Director — Date