

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759188

1. Entity Name  
TURN ABOUT, INC. OF TALLAHASSEE



Principal Place of Business  
2771 MICCOSUKEE RD.  
TALLAHASSEE, FL 32308

Mailing Address  
2771 MICCOSUKEE RD.  
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2147472

Applied For  
Not Applicable

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



FILED

2008 APR 30 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 6. Name and Address of Current Registered Agent

ALVES, JAMES S  
123 SOUTH CALHOUN STREET  
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.

04/30/08 61037-006 \*\*\*FD.00

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 May 1, 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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, KEN 1811-4 HARTSFIELD ROAD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CASSELS, LEON 440 AUDUBON DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNWELL, GUY 6242 GRANVILLE ROAD TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, JOHN 1425 E. PIEDMONT DRIVE, STE. 100 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSELS, JOAN 440 AUDUBON DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, MENZA 2324 GATES DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT K. HENDERSON 497 STONEHOUSE ROAD TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIN AYERS 6040 PICKWICK ROAD TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN FLEMING 117 S. GARDEN STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERYL JENNINGS 1814 SKYLAND DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORA ROSE HUNTER 518 COLLINSFORD ROAD TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIE E. KRAFFT 7125 UPLAND GLADE TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Robert K. Henderson Robert K. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

Date

850-575-6610

Daytime Phone #