

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759188

FILED
Apr 30, 2009
Secretary of State

Entity Name: TURN ABOUT, INC. OF TALLAHASSEE

Current Principal Place of Business:

2771 MICCOSUKEE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2771 MICCOSUKEE RD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2147472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVES, JAMES S
123 SOUTH CALHOUN STREET
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: D () Delete
Name: ALEXANDER, KEN
Address: 1811-4 HARTSFIELD ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: TSD () Delete
Name: CASSELS, LEON
Address: 440 AUDUBON DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CORNWELL, GUY
Address: 6242 GRANVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD () Delete
Name: HENDERSON, ROBERT K
Address: 497 STONEHOUSE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: CASSELS, JOAN
Address: 440 AUDUBON DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: KRAUSE, MENZA
Address: 2324 GATES DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROLLINS, STEPHEN
Address: 864 MADERIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change () Addition
Name: CASSELS, LEON
Address: 440 AUDUBON DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change () Addition
Name: HENKLE, APRIL
Address: PO BOX 16196
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change () Addition
Name: HENDERSON, ROBERT K
Address: 497 STONEHOUSE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: DT (X) Change () Addition
Name: MORGAN, TOM
Address: 2996 FENWICK COURT EAST
City-St-Zip: TALLAHASSEE, FL 32309

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: BARBARA G. GILBERTSON

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date