

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90211 010 ****61.25

DOCUMENT # F98000004050



1. Entity Name
TAOIST TAI CHI SOCIETY OF THE UNITED STATES OF AMERICA, INC.

Principal Place of Business
**2100 THOMASVILLE RD
TALLAHASSEE FL 32308**

Mailing Address
**2100 THOMASVILLE RD
TALLAHASSEE FL 32308**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1125291**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DENNISON, SEAN
2100 THOMASVILLE RD
TALLAHASSEE FL 32308**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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 Delete
NAME **D LAUGHLIN, KAREN**
STREET ADDRESS **814 DEVON DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S KARNEY, JIM**
STREET ADDRESS **261 OLD MARLOW RD.**
CITY-ST-ZIP **CLINTON TN**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **P EDWARDS, JANE**
STREET ADDRESS **937 IRISH SETTLEMENT RD**
CITY-ST-ZIP **FREEVILLE NY**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T BELL, VIRGINIA**
STREET ADDRESS **1202 SANDHURST DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D DENNISON, SEAN**
STREET ADDRESS **2100 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D ROLL, THERESA**
STREET ADDRESS **1060 BANNOCK ST**
CITY-ST-ZIP **DENVER CO 80204**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE REQUIRED

2/10/03 (850) 224-5438

CR2E037 (10/02)