

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000788

FILED
Apr 05, 2005
Secretary of State

Entity Name: TALLAHASSEE THERAPETICS, INC.

Current Principal Place of Business:

5405 TRINIDAD DR.
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

Current Mailing Address:

5405 TRINIDAD DR.
TALLAHASSEE, FL 32305 US

New Mailing Address:

FEI Number: 59-3702765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERINGTON, JAMES
107 E. MADISON STREET
MSC 229
TALLAHASSEE, FL 32399 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: FRAZIER, HILDA
Address: 3510 LIMRICK DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: RUSSELL, LIZ
Address: 3424 N CARNATION COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: REESE, TERRI
Address: 1602 B. CAROLWOOD COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: M () Delete
Name: EVERINGTON, DEBRA
Address: 5405 TRINIDAD DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: WHAYNE, EARL
Address: 1427 IDLEWILD DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D () Delete
Name: BRAZIER, PAUL
Address: 817 CHESTWOOD AVE
City-St-Zip: TALLAHASSEE, FL 32303 US

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:

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 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 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: DEBRA EVERINGTON

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date