

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

05-20-2005 90033 034 ****61.25

DOCUMENT # N00000003827 1. Entity Name TALLAHASSEE REGIONAL ESTATE PLANNING COUNCIL, INC.					
Principal Place of Business 2010 DELTA BLVD TALLAHASSEE, FL 32303			Mailing Address 2010 DELTA BLVD TALLAHASSEE, FL 32303		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3651424	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GWYNN, GEORGE H 2010 DELTA BLVD. TALLAHASSEE, FL 32303				Name Janice R. White	
				Street Address (P.O. Box Number is Not Acceptable) Capital City Trust Company	
				217 N. Monroe Street	
				City Tallahassee FL 32301	
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 <u><i>Janice R. White</i></u>					
Filing Fee is \$61.25 Due by May 1, 2005					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPLE, RANDY		NAME		
STREET ADDRESS	PO BOX 1549		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32302		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GWYNN, GEORGE		NAME	George Gwynn	
STREET ADDRESS	2010 DELTA BLVD		STREET ADDRESS	2010 Delta Blvd.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, STAN		NAME	Stan Barnes	
STREET ADDRESS	PO BOX 14099		STREET ADDRESS	P.O. Box 14099	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOUGH, LARRY N		NAME	Larry N. Hough	
STREET ADDRESS	215 S. MONROE SUITE 500		STREET ADDRESS	215 S. Monroe, Ste. 500	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATKINS, JOY R		NAME	Joy R. Watkins	
STREET ADDRESS	322 BEARD STREET		STREET ADDRESS	322 Beard Street	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Janice R. White	
STREET ADDRESS			STREET ADDRESS	217 N. Monroe Street	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee, FL 32301	
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: <u><i>Janice R. White</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

66023767



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