


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90003 043 \*\*\*\*61.25

<b>DOCUMENT # N00000003827</b>					
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 Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, JANICE R CAPITAL CITY TRUST COMPANY 217 N MONROE COMPANY TALLAHASSEE, FL 32301				Name <u>JOHN HOWARD</u> Street Address (P.O. Box Number is Not Acceptable) <u>1117 THOMASVILLE ROAD</u> City <u>Tallahassee</u> FL <u>32303</u>	
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>JOHN HOWARD</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>7-21-06</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		10. 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	TITLE	NAME
<input checked="" type="checkbox"/> VP	WHITE, JANICE R	217 N MONROE STREET	TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/>	GWYNN, GEORGE	2010 DELTA BLVD	TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/>	BARNES, STAN	PO BOX 14099	TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input checked="" type="checkbox"/> PRESIDENT	HOUGH, LARRY N	215 S. MONROE SUITE 500	TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> PRESIDENT	WATKINS, JOY R	322 BEARD STREET	TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> SECRETARY	JOHN HOWARD	1117 THOMASVILLE ROAD	TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input 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: <u>JOHN HOWARD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>7-21-06</u> DAYTIME PHONE # <u>8503861111</u>	

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07212006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3651424

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

7. Name and Address of New Registered Agent

Name JOHN HOWARD  
Street Address (P.O. Box Number is Not Acceptable) 1117 THOMASVILLE ROAD  
City Tallahassee FL 32303

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 JOHN HOWARD  
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 September 6, 2006

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input checked="" type="checkbox"/> VP	WHITE, JANICE R	217 N MONROE STREET	TALLAHASSEE, FL 32301
<input type="checkbox"/> Delete			
<input checked="" type="checkbox"/>	GWYNN, GEORGE	2010 DELTA BLVD	TALLAHASSEE, FL 32303
<input checked="" type="checkbox"/>	BARNES, STAN	PO BOX 14099	TALLAHASSEE, FL 32317
<input checked="" type="checkbox"/> PRESIDENT	HOUGH, LARRY N	215 S. MONROE SUITE 500	TALLAHASSEE, FL 32301
<input checked="" type="checkbox"/> PRESIDENT	WATKINS, JOY R	322 BEARD STREET	TALLAHASSEE, FL 32303
<input checked="" type="checkbox"/> SECRETARY	JOHN HOWARD	1117 THOMASVILLE ROAD	TALLAHASSEE FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TREASURER LEE SCAR BARD	1320 THOMASWOOD AVE	TALLAHASSEE FL 32305
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input 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: JOHN HOWARD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #