

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90117 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**

60003101



2. Principal Place of Business - No P.O. Box #  
**1621 Metropolitan Blvd.**

3. Mailing Address  
**1621 Metropolitan Blvd.**

Suite, Apt. #, etc  
**Suite A**

Suite, Apt. #, etc  
**Suite A**

01162007 Chg-NP CR2E037 (12/06)

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

4. FEI Number  
**59-3651424**

Applied For  
Not Applicable

Zip  
**32308**

Country  
**USA**

Zip  
**32308**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**HOWARD, JOHN  
1117 THOMASVILLE RD  
TALLAHASSEE, FL 32303**

## 7. Name and Address of New Registered Agent

Name **Scarboro, Lee**

Street Address (P.O. Box Number is Not Acceptable)

**1621 Metropolitan Blvd., Suite A**

City **Tallahassee**

**FL**

Zip Code  
**32308**

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

*Lee Scarboro*

**1-16-07**

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **VP** ☐ Delete  
NAME **WHITE, JANICE R**  
STREET ADDRESS **217 N MONROE STREET**  
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **P** ☒ Delete  
NAME **HOUGH, LARRY N**  
STREET ADDRESS **215 S. MONROE SUITE 500**  
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **P** ☐ Delete  
NAME **WATKINS, JOY R**  
STREET ADDRESS **322 BEARD STREET**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **S** ☐ Delete  
NAME **HOWARD, JOHN**  
STREET ADDRESS **1117 THOMASVILLE RD.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Scarboro, Lee**  
STREET ADDRESS **1621 Metropolitan Blvd., Suite A**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Lee Scarboro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-07**

Date

**850-386-1120**

Daytime Phone #