



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000003827</b> 1. Entity Name <b>TALLAHASSEE REGIONAL ESTATE PLANNING COUNCIL, INC.</b>						<b>FILED</b> <b>2008 JAN 14 PM 12:28</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1621 METROPOLITAN BLVD SUITE A TALLAHASSEE, FL 32308</b>				Mailing Address <b>1621 METROPOLITAN BLVD TALLAHASSEE, FL 32308</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1621 Metropolitan Blvd.</b>				01072008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite A</b>					
City & State 		City & State <b>Tallahassee, FL</b>					
Zip 		Zip <b>32308</b>		Country <b>USA</b>		4. FEI Number <b>59-3651424</b>	
Country 		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SCARBORO, LEE 1621 METROPOLITAN BLVD SUITE A TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name <b>Sarah Butters</b> Street Address (P.O. Box Number is Not Acceptable) <b>1621 Metropolitan Blvd.</b> <b>Suite A</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</b>			
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 <b>SCARBORO</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1-14-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>WHITE, JANICE R</b> <b>217 N MONROE STREET</b> <b>TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Sarah Butters</b> <b>315 S. Calhoun St, Ste 600</b> <b>Tallahassee, FL 32301</b>		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>SCARBORO, LEE</b> <b>1621 METROPOLITAN BLVD STE A</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete		700115873787 01/23/08--01022--009 **\$61.25			
<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WATKINS, JOY R</b> <b>322 BEARD STREET</b> <b>TALLAHASSEE, FL 32303</b>	<input checked="" type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>HOWARD, JOHN</b> <b>1117 THOMASVILLE RD.</b> <b>TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
<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: <b>SCARBORO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1/10/08</b> Daytime Phone # <b>850-425-5648</b>			