2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003827

FILED Jan 06, 2009 Secretary of State

Entity Name: TALLAHASSEE REGIONAL ESTATE PLANNING COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

1621 METROPOLITAN BLVD SUITE A TALLAHASSEE, FL 32308

New Mailing Address: Current Mailing Address:

1621 METROPOLITAN BLVD SUITE A TALLAHASSEE, FL 32308

FEI Number: 59-3651424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUTLERS, SARAH ASKINS, JEFF TREAS 1621 METROPOLITAN BLVD 1621 MÉTROPOLITAN BLVD SUITE A SUITE A TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

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: JEFF ASKINS 01/06/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WHITE, JANICE R HOWARD, JOHN Name: Name:

217 N MONROE STREET Address: 1117 THOMASVILLE ROAD Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32303

Title: Title: (X) Change () Addition () Delete

SCARBORO, LEE Name: Name: SCARBORO, LEE

Address: 1621 METROPOLITAN BLVD STE A Address: 1320 THOMASWOOD DRIVE City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete Title: (X) Change () Addition

BUTLER, SARAH BUTTERS, SARAH Name: Name: 315 S. CALHOUN STREET, SUITE 600 315 S. CALHOUN STREET, SUITE 600 Address:

Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: VΡ () Delete Title: (X) Change () Addition

ASKINS, JEFF Name: HOWARD, JOHN Name: Address: 1117 THOMASVILLE RD. Address: 3233 THOMASVILLE RD. City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JEFF ASKINS Т 01/06/2009