# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2004 8:00 am**
**Secretary of State**
04-27-2004 90092 015 ****61.25

DOCUMENT # N01000001782

1. Entity Name
TALLAHASSEE CHAPTER OF THE ASSOCIATION OF INSPECTORS' GENERAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| OFFICE OF CHIEF INSPECTOR GERNERAL<br>RM 2103 THE CAPITOL<br>TALLAHASSEE, FL 32399-0001 | PO BOX 14292<br>TALLAHASSEE, FL 32317-4292 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04222004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3717589 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAZOR, BONNIE A
FL. DEPT. OF REVENUE, OFFICE OF INSPEC GEN
501 S. CALHOUN ST., RM 243
TALLAHASSEE, FL 32399

**7. Name and Address of New Registered Agent**

Name Jerry Chesnutt
Street Address (P.O. Box Number is Not Acceptable) 1317 Winewood Blvd Rm 237
City Tallahassee FL Zip Code 32399-0700

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 Jerry Chesnutt, Jerry Chesnutt 4-26-04
(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 May 1, 2004**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MATHEWS, JAMES<br>107 E. MADISON ST.<br>TALLAHASSEE, FL 32399 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1VP<br>HALL, PINKY<br>2600 BLAIRSTONE RD, MAIL STE 40<br>TALLAHASSEE, FL 32399 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CHESTNUTT, JERRY<br>1317 WINEWOOD<br>TALLAHASSEE, FL 32399 | ☒ Delete | TD<br>CHESNUTT, Jerry<br>1317 Winewood Blvd<br>Tallahassee, Fl. 32399 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LAZOR, BONNIE A<br>501 S. CALHOUN ST., RM 243<br>TALLAHASSEE, FL 32399 | ☒ Delete | SD<br>Cave, Ron L.<br>1940 N. Monroe ST<br>Tallahassee Fl 32399-1018 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Jerry Chesnutt Jerry Chesnutt 4/26/04 850-922-4573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #