

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001782

FILED
Feb 13, 2007
Secretary of State

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

Current Principal Place of Business:

OFFICE OF CHIEF INSPECTOR GENERAL
RM 2103 THE CAPITOL
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

PO BOX 14292
TALLAHASSEE, FL 323174292

New Mailing Address:

FEI Number: 59-3717589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESNUTT, JERRY
1317 WINEWOOD BLVD.
RM 237
TALLAHASSEE, FL 323990700 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAGG, CECIL
Address: 605 SUWANNEE ST #44
City-St-Zip: TALLAHASSEE, FL 32399

Title: 1VP () Delete
Name: HALL, PINKY
Address: 2600 BLAIRSTONE RD, MAIL STE 40
City-St-Zip: TALLAHASSEE, FL 32399

Title: TD () Delete
Name: CHESNUTT, JERRY
Address: 1317 WINEWOOD BLVD.
City-St-Zip: TALLAHASSEE, FL 32399

Title: SD () Delete
Name: COHEN, ANNETTE
Address: CAPITOL PLAZA 01
City-St-Zip: TALLAHASSEE, FL 323991050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY CHESNUTT

TD

02/13/2007

Electronic Signature of Signing Officer or Director

Date