

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90021 043 ****61.25

DOCUMENT # N01000002808*

1. Entity Name
STORK'S NEST TALLAHASSEE, INC.



Principal Place of Business
**2813 S. MERIDIAN ST.
TALLAHASSEE, FL 32301**

Mailing Address
**2825 WEST ORANGE AVENUE
TALLAHASSEE, FL 32310**

50022408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006 Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-3384732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PICKETT, ROSA S
1827 DEVRA DR.
TALLAHASSEE, FL 32303**

Name **Carrie Herring**

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

3603 Hood Court

City

Tallahassee, FL

FL

Zip Code
32311

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

Carrie Herring

7-6-06

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 September 6, 2006**

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 ☐ Delete
NAME **ABC**
STREET ADDRESS **GIVENS, RUDOLPH JR**
CITY-ST-ZIP **1335 COLEMAN STREET
TALLAHASSEE, FL 32310**

TITLE ☐ Delete
NAME **ABVC**
STREET ADDRESS **MCCLLOUD, WILLIAM**
CITY-ST-ZIP **820 PARK AVENUE, E
TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HAUGABROOK, VERA**
CITY-ST-ZIP **1005 TANNER DRIVE
TALLAHASSEE, FL 32310**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ROSS, INELL**
CITY-ST-ZIP **PO BOX 902
HAVANA, FL 32333**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BROWN, ROSA T**
CITY-ST-ZIP **2825 W ORANGE AVE
TALLAHASSEE, FL 32310**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VITALIS, DENNIS**
CITY-ST-ZIP **2217 GREENWICH WAY
TALLAHASSEE, FL 32303**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Rosa T. Brown

Rosa T. Brown

(850) 575-2522 July 6, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #