2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# N01000002808

Entity Name: STORK'S NEST TALLAHASSEE, INC.

Current Principal Place of Business:

2813 S. MERIDIAN ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P O BOX 10668
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3221794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERRING, CARRIE
3603 HOOD CT
TALLAHASSEE, FL 32311 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:	ABC	( ) Delete
Name:	GIVENS, RUDOLPH JR	
Address:	1335 COLEMAN STREET	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	ABVC	( ) Delete
Name:	MCCLOUD, WILLIAM	
Address:	820 PARK AVENUE, E	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	T	( ) Delete
Name:	HAUGABROOK, VERA	
Address:	1005 TANNER DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	S	( ) Delete
Name:	ROSS, INELL	
Address:	PO BOX 902	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	( ) Delete
Name:	BROWN, ROSA T	
Address:	2825 W ORANGE AVE	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	D	( ) Delete
Name:	VITALIS, DENNIS	
Address:	2217 GREENWICH WAY	
City-St-Zip:	TALLAHASSEE, FL 32303	

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:	
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 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: ROSA T. BROWN D 07/08/2009

Electronic Signature of Signing Officer or Director — Date