2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90041 034 ****61.25

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Entity Name
GREATER TALLAHASSEE FIBROMYALGIA SYNDROME & CHRONIC FATIGUE SYNDROME OUTREACH GROUP, INC.

Principal Place of Business	Mailing Address
474 TELOGIA CREEK RD. QUINCY, FL 32351-8701	P. O. DRAWER D GREENSBORO, FL 32330-0803

01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3645995 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POUCHER, LYNNE L
474 TELOOGIA CREEK RD.
QUINCY, FL 32351-8701

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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 _____
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	CAROL Lerner Sargent
NAME	WILKINSON, LAURA	5088 Easy Street
STREET ADDRESS	103 WINN RAY DR	Tall FlO
CITY-ST-ZIP	TALLAHASSEE, FL 32312	32303 President
TITLE	PD	George Ann Byrd
NAME	WEBER, VICKIE	P O Box 274
STREET ADDRESS	420 E PARK AVE #14	Midway, FL
CITY-ST-ZIP	TALLAHASSEE, FL 32301	Treasurer 32343
TITLE	D	~~Lynn Poucher~~
NAME	SCOTT, KATHRYN	~~474 Telogia Creek Rd~~
STREET ADDRESS	2443 OAKDALE ST.	~~Quincy FL 32312~~
CITY-ST-ZIP	TALLAHASSEE, FL 32303	~~Secretary~~
TITLE	D/AT	~~Duplicated~~
NAME	POUCHER, LYNNE L	
STREET ADDRESS	474 TELOGIA CREEK RD	Assistant Treas
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	Barbara Atteinger	
NAME		
STREET ADDRESS	1115 Beechum	
CITY-ST-ZIP	CoPresident 32301	
TITLE	JOY VO	
NAME	3905 Paces PLACE	
STREET ADDRESS		
CITY-ST-ZIP	TAL FL 32311	Vice Chairman

DO NOT WRITE IN THIS SPACE

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: Lynne L. Poucher Lynne L. Poucher 1/11/05 850 442 6434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #