2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90066 006 ****61.25

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

Principal Place of Business	Mailing Address
~~PO BOX B~~ ~~GREENSBORO, FL 32330-0803~~	~~PO BOX B~~ ~~GREENSBORO, FL 32330-0803~~

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3325 SHADOWMOSS DR. Suite, Apt. #, etc.	3325 SHADOWMOSS DR. Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

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	7. Name and Address of New Registered Agent
~~POUCHER, LYNNE L~~ ~~474 TELOGIA CREEK RD.~~ ~~QUINCY, FL 32351-8701~~	Name: PAUL I. CARPENTER Street Address (P.O. Box Number is Not Acceptable): 3325 SHADOWMOSS DR. City: TALLAHASSEE FL Zip Code: 32308

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: PAUL I. CARPENTER Paul I. Carpenter 2/22/08
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, 2008

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	P PRICE, ROIE 2039 LAMBERT LANE TALLAHASSEE, FL 32311	☐ Delete	VP BYRD, GEORGE ANN PO BOX 274 MIDWAY, FL 32343	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POUCHER, LYNNE L 474 TELOGIA CREEK RD QUINCY, FL 32351	☒ Delete	T CARPENTER, PAUL I, 3325 SHADOWMOSS DR. TALLAHASSEE, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: Paul I. Carpenter TREASURER 2/22/08 850/668-8615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #