2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N01000004395

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

Current Principal Place of Business:

3325 SHADOWMASS DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

3325 SHADOWMOSS DR
TALLAHASSEE, FL 32308

Current Mailing Address:

3325 SHADOWMASS DR
TALLAHASSEE, FL 32308

New Mailing Address:

3325 SHADOWMOSS DR
TALLAHASSEE, FL 32308

FEI Number: 59-3645995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARPENTER, PAUL I
3325 SHADOWMASS DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

CARPENTER, PAUL I
3325 SHADOWMOSS DR
TALLAHASSEE, FL 32308 US

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: _____ 02/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PRICE, ROIE
Address: 2039 LAMBERT LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: T ( ) Delete
Name: CARPENTER, PAUL I
Address: 3325 SHADOWMASS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete
Name: BYRD, GEORGE A
Address: P.O. BOX 274
City-St-Zip: MIDWAY, FL 32343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: CARPENTER, PAUL I
Address: 3325 SHADOWMOSS DR
City-St-Zip: TALLAHASSEE, FL 32308

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: PAUL I. CARPENTER T 02/26/2009
Electronic Signature of Signing Officer or Director — Date