


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N02000005334 |  |
| 1. Entity Name THE TALLAHASSEE MILITARY OFFICERS ASSOCIATION SCHOLARSHIP FOUNDATION, INC. | |

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| Principal Place of Business 4044 ROSCREA DR TALLAHASSEE, FL 32309 | Mailing Address P.O. BOX 3311 TALLAHASSEE, FL 32315 |
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01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 30-0180141 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DEGRAW, ALLEN 4044 ROSCREA DR TALLAHASSEE, FL 32309 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

UN00000418938
02/14/06-80027-015 \$1.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEGRAW, ALLEN 4044 ROSCREA DR TALLAHASSEE, FL 32309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORY, LLOYD 9816 THUNDERHILL TRAIL TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHRISTY, EARL B JR 3163 SHAMROCK E TALLAHASSEE, FL 32309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRANT, HAROLD 2675 OX BOTTOM HILL TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SNYDER, NEIL 2557 BISHOPS GREEN TR TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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: Neil N. Snyder **NEIL N. SNYDER** Feb 1, 06 850-894-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #