

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000005334

1. Entity Name

THE TALLAHASSEE MILITARY OFFICERS ASSOCIATION  
SCHOLARSHIP FOUNDATION, INC.



FILED

08 FEB 14 PM 1:13

SECRETARY OF STATE



Principal Place of Business

4044 ROSCREA DR  
TALLAHASSEE FL 32309

Mailing Address

P.O. BOX 3311  
TALLAHASSEE FL 32315

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0180141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEGRAW, ALLEN  
4044 ROSCREA DR  
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: 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

TITLE D ☐ Delete  
NAME DEGRAW, ALLEN  
STREET ADDRESS 4044 ROSCREA DR  
CITY- ST- ZIP TALLAHASSEE FL 32309

TITLE D ☐ Delete  
NAME CORY, LLOYD  
STREET ADDRESS 9816 THUNDERHILL TRAIL  
CITY- ST- ZIP TALLAHASSEE FL 32312

TITLE D ☒ Delete  
NAME ~~CHRISTY, EARE D JR~~  
STREET ADDRESS ~~3168 CHAMROCK E~~  
CITY- ST- ZIP ~~TALLAHASSEE FL 32309~~

TITLE D ☐ Delete  
NAME GRANT, HAROLD  
STREET ADDRESS 2675 OX BOTTOM HILL  
CITY- ST- ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete  
NAME SNYDER, NEIL  
STREET ADDRESS 2557 BISHOPS GREEN TR  
CITY- ST- ZIP TALLAHASSEE FL 32312

TITLE S ☐ Delete  
NAME POLLOCK, DORIS E  
STREET ADDRESS 3465 CEDAR LANE  
CITY- ST- ZIP TALLAHASSEE FL 32312-1207

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 700119104557  
STREET ADDRESS 02/29/08--01009--018 \*\*61.25  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Change ☐ Addition  
NAME REZENDES, ERVEST F.  
STREET ADDRESS 6719 LORI CT.  
CITY- ST- ZIP TALLAHASSEE, FL. 32317-8442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Doris E. Pollock / Doris E. Pollock 2/14/08 893-5374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR