

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006293

FILED  
May 04, 2004  
Secretary of State

**Entity Name:** TALLAHASSEE FUNDING ABORTIONS NOW, INCORPORATED

**Current Principal Place of Business:**

301 SWEETBRIAR DR  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

301 SWEETBRIAR DR  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 03-0479473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, D LYNN  
301 SWEETBRIAR DR  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JACKSON, D LYNN  
Address: 301 SWEETBRIAR DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete  
Name: ROE-SEPOWITZ, DOMINQUE  
Address: 229 W WHETHERBINE WAY  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete  
Name: BARBANELL, LISA  
Address: 1555 DELANEY DR #606  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete  
Name: SMITH, SHELLEY  
Address: 7419 HEIDE HILL TRACE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: D. LYNN JACKSON

PD

05/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date