

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 05, 2004  
Secretary of State**

DOCUMENT# N02000008243

Entity Name: CENTERPOINT TALLAHASSEE, INC.

**Current Principal Place of Business:**

P.O. BOX 14884  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14884  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 22-3877978      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALONZO, BEN T  
6468 CAVALCADE TRAIL  
TALLAHASSEE, FL 32309      US

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

ALONZO, BEN T  
1056 WINTER LANE  
TALLAHASSEE, FL 32311      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: BEN T. ALONZO      07/05/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: RYOR, J. CHARLES  
Address: P.O. BOX 14884  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD      ( ) Delete  
Name: ALONZO, BEN T  
Address: 6468 CAVALCADE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD      ( ) Delete  
Name: PYE, KEN J  
Address: 603 FULTON RD. G-59  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: PD      (X) Change ( ) Addition  
Name: RYOR, J. CHARLES  
Address: 1915 TYTY COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD      (X) Change ( ) Addition  
Name: ALONZO, BEN T  
Address: 1056 WINTER LANE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD      (X) Change ( ) Addition  
Name: PYE, KEN J  
Address: 2200 N. MERIDIAN ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

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: BEN T. ALONZO      TD      07/05/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date