

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000822

FILED  
Apr 03, 2007  
Secretary of State

**Entity Name:** WEST POINT SOCIETY OF TALLAHASSEE, FLORIDA, INC.

**Current Principal Place of Business:**

2823 SHAMROCK NORTH  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

2823 SHAMROCK NORTH  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

**FEI Number:** 41-2076950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMMOND, H. STEVEN  
2823 SHAMROCK NORTH  
TALLAHASSEE, FL 32309 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: HAMMOND, H. STEVEN  
Address: 2823 SHAMROCK NORTH  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete  
Name: GRANT, BRUCE  
Address: 1316 CONSERVANCY DRIVE EAST  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete  
Name: WEEDEN, DAVID C  
Address: 3049 O'BRIEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete  
Name: RICH, DAVID  
Address: 8097 PRESERVATION ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: FIERRO, ROBERT D  
Address: 4855 ASBURY HILL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: FENNELLY, SEAN E  
Address: 4117 BECKETT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

**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:

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 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: H. STEVEN HAMMOND

PD

04/03/2007

Electronic Signature of Signing Officer or Director

Date