

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005186

FILED
May 03, 2004
Secretary of State

Entity Name: POSITIVE I.M.A.G.E.S., INC. OF TALLAHASSEE

Current Principal Place of Business:

1010 MACOMB STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7213
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 16-1672240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVIS, JOHNNIE M
539 WEST GEORGIA STREET
TALLAHASSEE, FL 32301 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: P () Delete
Name: BARBER, CYNTHIA
Address: 492 MEADOW RIDGE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: V () Delete
Name: TOMASI, TESS
Address: 542 E. GEORGIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: MCCARTHY, GLADYS
Address: 1446 CRAFT ST.
City-St-Zip: TALLAHASSEE, FL 32305

Title: T () Delete
Name: BARNES, S. JEAN
Address: 1304 PRESTON ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: S () Delete
Name: GRAYSON, MARY FINANCI
Address: 3105 GALLIMORE DR.
City-St-Zip: TALLAHASSEE, FL 32305

Title: S () Delete
Name: BARNES, GLADYS ASST.
Address: P.O. BOX 13812
City-St-Zip: TALLAHASSEE, FL 32317

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 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: TESS TOMASI

V

05/03/2004

Electronic Signature of Signing Officer or Director

Date