

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90184 039 ****61.25

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DOCUMENT # N03000008451 1. Entity Name APALACHEE TORTOISE, INCORPORATED			
Principal Place of Business 1720 SOUTH GADSDON TALLAHASSEE, FL 32301-5547		Mailing Address 1720 SOUTH GADSDON TALLAHASSEE, FL 32301-5547	
2. Principal Place of Business - No P.O. Box # 1720 South Gadsden Street		3. Mailing Address 1720 South Gadsden Street	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32301-5547		Zip 32301-5547	
Country 		Country 	
4. FEI Number 13-4265120		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACDONALD, CLAYTON 1441 KINGFORD AVE TALLAHASSEE, FL 32310-6118		7. Name and Address of New Registered Agent Name John Clifford Street Address (P.O. Box Number is Not Acceptable) 618 Truett Drive City Tallahassee FL Zip Code 32303	
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 John Clifford <small>Signature, typed or printed name of registered agent, and fee if applicable.</small>		DATE 4/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERNER, KATRIN 1441 KINGFORD AVE TALLAHASSEE, FL 323106118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mary Jane Ryals 4144 Buttercup Way Tallahassee FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, CLAYTON 1441 KINGFORD AVE TALLAHASSEE, FL 323106118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Trammell 4144 Buttercup Way Tallahassee FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, JOHN 1720 SOUTH GADSDON TALLAHASSEE, FL 323015547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Clifford 618 Truett Drive Tallahassee FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, KARLA 848 E PARK AVE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, RAVINDER 848 E PARK AVE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John Clifford <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/26/07 DAYTIME PHONE # 850 385 0673	