2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010207

FILED Apr 23, 2008 Secretary of State

Entity Name: TALLAHASSEE REGION SOAP BOX DERBY, INC.

Current Principal Place of Business: New Principal Place of Business: 1903 MYRICK RD TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 1903 MYRICK RD TALLAHASSEE, FL 32303 FEI Number: 20-0424176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, NEAL E 1903 MYRICK RD TALLAHASSEE, FL 32303 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MRS (X) Change () Addition () Delete DAVIS, NANCY DAVIS, NANCY SEC Name: Name: 1903 MYRICH RD Address: 1903 MYRICH RD Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: MR. Title: () Delete () Change () Addition DAVIS, NEAL PRES Name: Name: Address: 1903 MYRIC RD Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: MRS () Delete Title: () Change () Addition EVANS, PATRICIA D VP Name: Name: Address: 4009 CAMINO REAL Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: MRS () Delete Title: () Change () Addition ASBELL, TONYA L TREA Name: Name: Address: PO BOX 486 Address: City-St-Zip: WOODVILLE, FL 32362 City-St-Zip: Title: (X) Delete Title: () Change () Addition TORREY, KEVIN R VP Name: Name: 1439 PINE STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: (X) Delete Title: () Change () Addition GRAYBAR, BENJAMIN TREAS. Name: Name: Address: 3175 FERNS GLEN DRIVE Address: TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NEAL E DAVIS P 04/23/2008