2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# N04000000989

Entity Name: WAKULLA COUNTY TAXPAYERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1421
CRAWFORDVILLE, FL 32326

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1421
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, PALMER
223 IROQUOIS ROAD
CRAWFORDVILLE, FL 32327 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: C ( ) Delete
Name: HIRSIGER-CARR, MADELEINE
Address: 223 IROQUOIS ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: C ( ) Delete
Name: CARR, PALMER
Address: 223 IROQUOIS ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ST ( ) Delete
Name: PECK, DANE
Address: 2481 SURF ROAD
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: PECK, DANA
Address: 2481 SURF ROAD
City-St-Zip: PANACEA, FL 32346

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: MADELEINE HIRSIGER-CARR D 03/18/2005

Electronic Signature of Signing Officer or Director — Date