# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# N04000002929

**Entity Name:** SPRINGTIME TALLAHASSEE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

209 E PARK AVE
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1465
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number: 27-0087343** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PARSONS, WILLIAM
7013 LAKE BASIN DRIVE
TALLAHASSEE, FL 32312 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: D ( ) Delete
Name: PARSONS, WILLIAM
Address: 7013 LAKE BASIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: JAY, SCOTT
Address: 209 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete
Name: THURMOND, SUSAN
Address: 209 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: PARSONS, WILLIAM
Address: 7013 LAKE BASIN RD.
City-St-Zip: TALLAHASSEE, FL 32312

**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:

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: JENNIFER NAFF ED 04/30/2007

Electronic Signature of Signing Officer or Director — Date