

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 04, 2008
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:**209 E PARK AVE
TALLAHASSEE, FL 32301**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:**WOOLLEY, WILLIAM
4009 MCLEOD DRIVE
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: WILLIAM WOOLLEY

09/04/2008

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: HIGHTOWER, ROBERT
Address: 5413 DEFOORS FERRY ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: PAUL, NANCY
Address: STREET ADDRESS
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOOLLEY, WILLIAM
Address: 4009 MCLEOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: S (X) Change () Addition
Name: PAUL, NANCY
Address: 9492 BOYKIN ROAD
City-St-Zip: TALLAHASSEE, FL 32317

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 A. NAFF

ED

09/04/2008

Electronic Signature of Signing Officer or Director

Date