2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N04000006256

Entity Name: THE TALLAHASSEE SOUTHERN MODEL UNITED NATIONS, INC.

Current Principal Place of Business:

C/O DR. WILLIAM BENEDICKS
T.C.C. 444 APPLEYARD DRIVE
TALLAHASSEE, FL 323042895

New Principal Place of Business:

Current Mailing Address:

C/O DR. WILLIAM BENEDICKS
T.C.C. 444 APPLEYARD DRIVE
TALLAHASSEE, FL 323042895

New Mailing Address:

FEI Number: 20-1282211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENEDICKS, WILLIAM
HISTORY/T.C.C.
444 APPLEYARD DRIVE
TALLAHASSEE, FL 323042895 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:	PD	( ) Delete
Name:	RYAN, DOUGLAS	
Address:	LSD/TCC 444 APPLEYARD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323042895	
Title:	VD	(X) Delete
Name:	WILLIAMS, DAVID	
Address:	EWD/TCC 444 APPLEYARD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323042895	
Title:	STD	( ) Delete
Name:	BENEDICKS, WILLIAM	
Address:	HISTORY/TCC 444 APPLEYARD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323042895	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	RYAN, DOUGLAS	
Address:	HSS/TCC 444 APPLEYARD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323042895	
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: WILLIAM BENEDICKS JR. STD 01/14/2008

Electronic Signature of Signing Officer or Director — Date