

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006256

FILED
Jan 12, 2009
Secretary of State

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: HSS/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: () 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

STD

01/12/2009

Electronic Signature of Signing Officer or Director

Date