

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008732

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THE DOWN SYNDROME ASSOCIATION OF TALLAHASSEE, INC.

## Current Principal Place of Business:

C/O JACKIE KEOUGH  
8830 MINNOW CREEK DRIVE  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

C/O LYNDA THABES  
5596 PIMLICO DRIVE  
TALLAHASSEE, FL 32309

## Current Mailing Address:

C/O JACKIE KEOUGH  
2910 KERRY FOREST PARKWAY D4-212  
TALLAHASSEE, FL 32309

## New Mailing Address:

2910 KERRY FOREST PARKWAY D4-212  
TALLAHASSEE, FL 32309

FEI Number: 43-2062583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEOUGH, JACKIE  
C/O JACKIE DEOUGH  
8830 MINNOW CREEK DRIVE  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

THABES, LYNDA  
5596 PIMLICO DRIVE  
TALLAHASSEE, FL 32309 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: LYNDA THABES

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KEOUGH, JACKIE  
Address: 8830 MINNOW CREEK  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete  
Name: THABES, LYNDA  
Address: 5596 PIMLICO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S (X) Delete  
Name: MC DONNELL, LINDA  
Address: 3205 STORRINGTON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Delete  
Name: JACKSON, CYNTHIA B  
Address: 6009 ROLLING HILLS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: THABES, LYNDA  
Address: 5596 PIMLICO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change ( ) Addition  
Name: JOHNSON, TROY  
Address: 3112 HAWKS LANDING DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

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: TROY A. JOHNSON

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date