

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90221 022 ****70.00

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1. Entity Name
TEN THOUSAND VILLAGES OF TALLAHASSEE, INC.



Principal Place of Business
**1507 PAYNE STREET
TALLAHASSEE, FL 32303**

Mailing Address
**1507 PAYNE STREET
TALLAHASSEE, FL 32303**

19000073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242005

Chg-NP

CR2E037 (10/03)

4. FEI Number

20-1905695

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINGST, ANN
1507 PAYNE STREET
TALLAHASSEE, FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CP ☐ Delete
NAME HINGST, EMORY
STREET ADDRESS 1507 PAYNE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Change ☒ Addition
NAME Clark, Mary
STREET ADDRESS 727 Miccosukee Rd
CITY-ST-ZIP Tallahassee FL 32308

TITLE S ☐ Delete
NAME HINGST, ANN
STREET ADDRESS 1507 PAYNE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Change ☒ Addition
NAME Hart, Carol Lees
STREET ADDRESS 706 North Ride
CITY-ST-ZIP Tallahassee FL 32303

TITLE VCPV ☐ Delete
NAME INGER, CHRIS
STREET ADDRESS 3038 STILLWOOD COURT
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Change ☒ Addition
NAME McDowell, Judi
STREET ADDRESS 726 Riggins Road
CITY-ST-ZIP Tallahassee FL 32308

TITLE T ☐ Delete
NAME FOX, SARA
STREET ADDRESS 1742 BROKEN BOW TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Change ☒ Addition
NAME Moore, Marian
STREET ADDRESS 8551 Mahan Dr
CITY-ST-ZIP Tallahassee FL 32309

TITLE D ☐ Delete
NAME DELOACH, CAROL
STREET ADDRESS 8808 EDEN ROCK LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Change ☒ Addition
NAME Moore, Walter
STREET ADDRESS 8551 Mahan Dr
CITY-ST-ZIP Tallahassee FL 32309

TITLE D ☒ Delete
NAME HINKLE, JON
STREET ADDRESS 2747 BLAIRSTONE RD
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Change ☒ Addition
NAME Ehrhardt, Judith
STREET ADDRESS 606 Middlebrook Circle
CITY-ST-ZIP Tallahassee FL 32312

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara Fox Sara Fox, Treasurer

2-12-05 (850)906-0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #