

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010607

FILED
Apr 18, 2008
Secretary of State

Entity Name: TEN THOUSAND VILLAGES OF TALLAHASSEE, INC.

Current Principal Place of Business:

1415 TIMBERLANE RD.
STE. 322
TALLAHASSEE, FL 323121731

New Principal Place of Business:

Current Mailing Address:

1415 TIMBERLANE RD.
STE. 322
TALLAHASSEE, FL 323121731

New Mailing Address:

FEI Number: 20-1905695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINGST, ANN
1507 PAYNE STREET
TALLAHASSEE, FL 32303 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: CP () Delete
Name: HINGST, EMORY
Address: 1507 PAYNE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: MOORE, WALTER
Address: 1503 PAYNE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: VCVP () Delete
Name: INGER, CHRIS
Address: 3038 STILLWOOD COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: BAGWELL, ANGELYN
Address: 2704 O'HARA CT.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: DELOACH, CAROL
Address: 8808 EDEN ROCK LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MCDOWELL, JUDI
Address: 726 RIGGINS RD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANN HINGST

OFFI

04/18/2008

Electronic Signature of Signing Officer or Director

Date