


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90108 021 ****61.50

DOCUMENT # N04121 1. Entity Name TALLAHASSEE INDUSTRIAL PARK PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business PO BOX 37423 TALLAHASSEE, FL 32315-7423 US	Mailing Address C/O CAROLYN PIPPENGER PO BOX 37423 TALLAHASSEE, FL 32315-7423 US
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-1124521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIPPENGER, CAROLYN
1486 MAX DR
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PIPPENGER, CAROLYN 1486 MAX DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAMPIER, DAVID 3465 GARBER DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PULSIFER, DAVE 1491 CLARK DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARDEN, CHRISTOPHER R 35 GLENLAKE PKWY N.E., STE 400 ATLANTA, GA 303283474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCHILD, DAN 3673 PEDDIE DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, STEVE 2198 AMELIA CIR. TALLAHASSEE, FL 32304

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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: Carolyn Pippenger Carolyn Pippenger 4/27/05 850.575.3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #