

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N04121

1. Entity Name

TALLAHASSEE INDUSTRIAL PARK PROPERTY
OWNERS' ASSOCIATION, INC.



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



04112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1124521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Carolyn Pippenger *4/11/07*

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000707323
04/24/07-80066-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	PIPPENGER, CAROLYN
STREET ADDRESS	1486 MAX DR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	P
NAME	DAMPIER, DAVID
STREET ADDRESS	3465 GARBER DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	PULSIFER, DAVE
STREET ADDRESS	1491 CLARK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	BEARDEN, CHRISTOPHER R
STREET ADDRESS	35 GLENLAKE PKWY N.E., STE 400
CITY-ST-ZIP	ATLANTA, GA 303283474
TITLE	D
NAME	FAIRCHILD, DAN
STREET ADDRESS	3673 PEDDIE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	KANE, STEVE
STREET ADDRESS	2198 AMELIA CIR.
CITY-ST-ZIP	TALLAHASSEE, FL 32304

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

4/11/07 850-575-3828

Daytime Phone #