

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90046 046 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**PIPPENGER, CAROLYN
1486 MAX DR
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, 2008**

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

TITLE TS ☐ Delete
NAME PIPPENGER, CAROLYN
STREET ADDRESS 1486 MAX DR
CITY-ST-ZIP TALLAHASSEE, FL

TITLE P ☐ Delete
NAME DAMPIER, DAVID
STREET ADDRESS 3465 GARBER DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VP ☒ Delete
NAME PULSIFER, DAVE
STREET ADDRESS 1491 CLARK DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
NAME BEARDEN, CHRISTOPHER R
STREET ADDRESS 35 GLENLAKE PKWY N.E., STE 400
CITY-ST-ZIP ATLANTA, GA 303283474

TITLE D ☐ Delete
NAME FAIRCHILD, DAN
STREET ADDRESS 3673 PEDDIE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☒ Delete
NAME KANE, STEVE
STREET ADDRESS 2198 AMELIA CIR.
CITY-ST-ZIP TALLAHASSEE, FL 32304

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition
NAME Joe Kane
STREET ADDRESS 39 Palmetto Drive
CITY-ST-ZIP Crawfordville FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Noely Lewis
STREET ADDRESS 3467 Chamblee Rd
CITY-ST-ZIP Tallahassee FL 32309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #