

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90154 002 ****61.25

DOCUMENT # N05000001917					
1. Entity Name TALLHASSEE WRITERS ASSOCIATION, INC.					
Principal Place of Business 1400 N. MONROE TALLHASSEE, FL			Mailing Address P. O. BOX 3428 TALLHASSEE, FL 32315-3428		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-2084702	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMMONS, THEODORE W 4667 HIGHGROVE RD. TALLHASSEE, FL 32309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLOTZ, TRUDY		NAME	<i>Michael Guthrie</i>	
STREET ADDRESS	925 E. MAGNOLIA DR. L-2		STREET ADDRESS	<i>1517 Argonne Rd.</i>	
CITY-ST-ZIP	TALLHASSEE, FL 32301		CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLT, ANNE		NAME	<i>Carole Timin</i>	
STREET ADDRESS	2636 W. MISSION RD., #146		STREET ADDRESS	<i>417 Shantilly Terrace</i>	
CITY-ST-ZIP	TALLHASSEE, FL 32304		CITY-ST-ZIP	<i>Tallahassee, FL 32312</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THACKER, MEAGHAN		NAME		
STREET ADDRESS	317 POND CT.		STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL 32333		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, THEODORE		NAME		
STREET ADDRESS	4667 HIGHGROVE RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, REGINA		NAME		
STREET ADDRESS	148 CHAMPION OAKS CIR.		STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL 32333		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTYRE, JOHN		NAME		
STREET ADDRESS	3459 FOLEY DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLHASSEE, FL 32309		CITY-ST-ZIP		
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: <i>Theodore W. Simmons</i>		Date: <i>3/7/06</i>		Daytime Phone #: <i>850-894-6181</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					