

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001917

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: TALLAHASSEE WRITERS ASSOCIATION, INC.

## Current Principal Place of Business:

1400 N. MONROE  
TALLAHASSEE, FL

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 3428  
TALLAHASSEE, FL 323153428

## New Mailing Address:

FEI Number: 43-2084782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, THEODORE W  
4667 HIGHGROVE RD.  
TALLAHASSEE, FL 32309 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: PD ( ) Delete  
Name: PLOTZ, TRUDY  
Address: 925 E. MAGNOLIA DR. L-2  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete  
Name: HOLT, ANNE  
Address: 2636 W. MISSION RD., #146  
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD ( ) Delete  
Name: THACKER, MEAGHAN  
Address: 317 POND CT.  
City-St-Zip: HAVANA, FL 32333

Title: TD ( ) Delete  
Name: SIMMONS, THEODORE  
Address: 4667 HIGHGROVE RD.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: GUTHRIE, MICHAEL  
Address: 1517 ARGONNE RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: TIMIN, CAROLE  
Address: 417 SHANTILLY TERR  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOLT, ANNE  
Address: 2636 W. MISSION ROAD, LOT 146  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD (X) Change ( ) Addition  
Name: MEREDITH, DONNA  
Address: 6508 SAYLERS CREEK RD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD (X) Change ( ) Addition  
Name: WHITEHEAD, MICHAEL  
Address: 1549 GOODWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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 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: THEODORE W SIMMONS

TD

01/08/2007

Electronic Signature of Signing Officer or Director

Date