

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001917

FILED
Jan 16, 2009
Secretary of State

Entity Name: TALLAHASSEE WRITERS ASSOCIATION, INC.

Current Principal Place of Business:

4667 HIGHGROVE ROAD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3428
TALLAHASSEE, FL 323153428 US

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: HOLT, ANNE
Address: 2636 W.MISSION ROAD, LOT 146
City-St-Zip: TALLAHASSEE, FL 32304

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date