
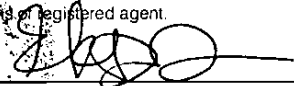
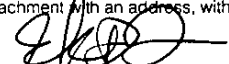


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2008 8:00 am
Secretary of State

06-26-2008 90001 038 ****61.25

DOCUMENT # N06000001348 1. Entity Name TALLAHASSEE SIGMAS EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business P. O. BOX 180755 TALLAHASSEE, FL 32318			Mailing Address P. O. BOX 180755 TALLAHASSEE, FL 32318		
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	4. FEI Number 20-4272774	
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		
FARMER, ERRICK 3598 CAGNEY DR. TALLAHASSEE, FL 32309			Name Street Address (P.O. Box Number is Not Acceptable) 1117 Sandler Ridge Road City Tallahassee FL Zip Code 32317		
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.</small>			DATE 6/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D PURIFY, JASON 1619 LAKE AVENUE TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN KNIGHT 2014 SWANMARPLE CT TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAMON JR. 2202 WOODBINE DR. TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Walker 7004 Forsyth Lane Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, ERRICK 3598 CAGNEY DR. TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Errick Farmer 1117 Sandler Ridge Road Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILTSHER, HARRIS 378 ROB ROY TRAIL TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAY, KRIPHTON 3189 ALLISON MARIE CT. TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reginald Dwyer (DIRECTOR) 10863 HERFORD CHASE TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, KHADISH 2001 OLD ST. AUGUSTINE RD., G207 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Felton James Marshall PO Box 21175 Tallahassee FL 32316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 6/25/08 Daytime Phone # 850-251-9212		