2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# N06000001348

Entity Name: TALLAHASSEE SIGMAS EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

P. O. BOX 180755
TALLAHASSEE, FL 32318

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 180755
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 20-4272774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FARMER, ERRICK
1117 SANDLER RIDGE ROAD
TALLAHASSEE, FL 32317 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: D ( ) Delete
Name: KNIGHT, STEPHEN
Address: 2014 SUGAR MAPLE CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: WALKER, MICHAEL
Address: 7004 FOXGLOVE LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: FARMER, ERRICK
Address: 1117 SANDLER RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: WILTSHER, HARRIS
Address: 378 ROB ROY TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: DWELLEY, REGINALD
Address: 10863 HERFORD CHASE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: MARSHALL, FELTON J
Address: PO BOX 21175
City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: DUDLEY, REGINALD
Address: 10863 HERFORD CHASE
City-St-Zip: TALLAHASSEE, FL 32317

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: ERRICK D FARMER DIR 08/24/2009

Electronic Signature of Signing Officer or Director — Date