

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001921

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: DESAILLE TRUST CORPORATION

## Current Principal Place of Business:

240 N MAGNOLIA DRIVE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

240 N MAGNOLIA DRIVE  
TALLAHASSEE, FL 32301

## New Mailing Address:

FEI Number: 02-0773797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKS, DARYL  
240 N MAGNOLIA DRIVE  
TALLAHASSEE, FL 32301 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: C ( ) Delete  
Name: SHORTER, CHRISTOPHER J  
Address: 14 NEW STREET  
City-St-Zip: RAMSEY, NJ 07446

Title: T ( ) Delete  
Name: QUARLES, JONATHAN  
Address: 13802 PLEASANT VIEW DRIVE  
City-St-Zip: BOUIE, MD 20720

Title: T ( ) Delete  
Name: TEELE, ARTHUR P  
Address: 704 TERRY LANE  
City-St-Zip: BIRMINGHAM, AL 35210

Title: T ( ) Delete  
Name: ASHE, KEITH A  
Address: 815 THAYER AVENUE APT. 502  
City-St-Zip: SILVER SPRINGS, MA 20910

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition  
Name: QUARLES, JONATHAN  
Address: 8747 LEACH STREET  
City-St-Zip: DETROIT, MI 48214

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

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

Title: CEO ( ) Change (X) Addition  
Name: HALL, AMBER  
Address: 37 NORTH SLOPE  
City-St-Zip: CLINTON, NJ 08809

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: CHRISTOPHER J. SHORTER

MR.

04/23/2007

Electronic Signature of Signing Officer or Director

Date