2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004642

Entity Name: TALLAHASSEE USBC ASSOCIATION, INC.

FILED Jan 19, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2430 BUTTONBUSH COURT TALLAHASSEE, FL 32308				2060 WHITE ASH WAY TALLAHASSEE, FL 32308		
Current Mailing Address:				New Mailing Address:		
2430 BUTTONBUSH COURT TALLAHASSEE, FL 32308				2060 WHITE ASH WAY TALLAHASSEE, FL 32308		
FEI Number: 42-1706104 FEI Number Applied For ()			FEI Numb	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	r	Name and	Address of New Registered Agent:	
2836 KILK TALLAHAS The above in the State	e of Florida.	092661 US	ourpose of o	changing il	s registered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent					Date	
OFFICER	S AND DIREC			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (MEYERS, BRU 3327 HANCOC TALLAHASSEE	K DR	۱ م	Fitle: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (GATLIN, DAN 723 WEST KIN QUINCY, FL 3		N A	Fitle: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AMGR (TAJDARI, LISA 2430 BUTTONI TALLAHASSEE	BUSH CT	۸ م	Fitle: Name: Address: City-St-Zip:	AMGR (X) Change () Addition CIRIONI, TRACI 2060 WHITE ASH WAY TALLAHASSEE, FL 32308	
Title: Name: Address: City-St-Zip:	BOD (BROWN, AL 3207 SHAMRO TALLAHASSEE		۱ م	Fitle: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOD (CARTER, OLIV 1911 RAA AVE TALLAHASSEE		۸ م	Fitle: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOD (RAPACH, LESI 1802 LILAC LN TALLAHASSEE	l	۸ م	Fitle: Name: Address: Citv-St-Zip:	BOD (X) Change () Addition TRAMEL, WILLIAM L JR 2525 TALLAVANA TR HAVANA, FL 32333	

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: TRACI CIRIONI AMGR 01/19/2008