## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004909

Entity Name: TALLAHASSEE FILM FESTIVAL, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
207 W. PARK AVE. SUITE A TALLAHASSEE, FL 32301				1624 METROPOLITAN CIRCLE SUITE A TALLAHASSEE, FL 32308			
Current Mailing Address:				New Mailing Address:			
207 W. PARK AVE. SUITE A TALLAHASSEE, FL 32301				1624 METROPOLITAN CIRCLE SUITE A TALLAHASSEE, FL 32308			
FEI Number: 41-2229428 FEI Number Applied For ( ) FEI Number				nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CURTIN, JEANNE B 207 W. PARK AVE. SUITE A TALLAHASSEE, FL 32301 US				SITTIG, WILLIAM P 1624 METROPOLITAN CIRCLE SUITE A TALLAHASSEE, FL 32308 US			
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: W. P. SITTIG				03/11/2009			
Electronic Signature of Registered Agent						Date	e
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DVP ( BARBER, CHU 4335 BRADFO TALLAHASSEE	RDVILLE RD		Title: Name: Address: City-St-Zip:		() Change () A	ddition
Title: Name: Address: City-St-Zip:	DP ( CURTIN, CHUC 207 W. PARK / TALLAHASSEE	AVE., STE. A		Title: Name: Address: City-St-Zip:		(X) Change ( ) A ROBERT NSACOLA ST, SUIT SEE, FL 32301	
Title: Name: Address: City-St-Zip:	D ( OLIVER, ANDR 1928-B JACKS TALLAHASSEE	CT.		Title: Name: Address: City-St-Zip:		(X) Change ( ) A GHN NSACOLA ST, SUIT SEE, FL 32301	
Title: Name: Address: City-St-Zip:	DP ( PUGH, GLORIA 4951 BLOUNTS TALLAHASSEE	STOWN HWY		Title: Name: Address: City-St-Zip:		(X) Change ( ) A DRIA INTSTOWN HWY SEE, FL 32304	ddition
Title: Name: Address: City-St-Zip:	D ( HERRLE, APRI 117 S GADSDE TALLAHASSEE	EN ST		Title: Name: Address: City-St-Zip:	DVP HERRLE, A 117 S GAD TALLAHASS		ddition
Title:	DT (	) Delete		Title:	DT	(X) Change()A	ddition

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.

Name:

Address:

City-St-Zip:

SITTIG. BILL CPA

1624-A METROPOLITAN CR

TALLAHASSEE, FL 32308

SIGNATURE: W. P. SITTIG DT 03/11/2009

SITLIG, BILL CPA

1624 MCTROPOLITAN CR

TALLAHASSEE, FL 32309

Name:

Address:

City-St-Zip: