2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000010287

Entity Name: TO THE VILLAGE SQUARE, INC.

Current Principal Place of Business:

2561 ROYAL OAKS DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

PO BOX 10352
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 32-0182830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOYNER, ELIZABETH H
2561 ROYAL OAKS DRIVE
TALLAHASSEE, FL 32309 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:	JOYNER, ELIZABETH H	
Address:	2561 ROYAL OAKS DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	KATZ, ALLAN	
Address:	106 EAST COLLEGE AVE 12TH FLOOR	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	WRIGHT, BONNIE	
Address:	2007 MIDLEWOOD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	C	( ) Delete
Name:	LAW, BILL	
Address:	444 APPLEYARD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	DESLODGE, BRYAN	
Address:	301 S. MONROE STREET, 5TH FLOOR	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	DOZIER, LAURIE	
Address:	1203 MICCOSUKEE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ELIZABETH H. JOYNER MS. 04/29/2009

Electronic Signature of Signing Officer or Director — Date