2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003317

FILED Mar 02, 2008 Secretary of State

Entity Name: TALLAHASSEE INTERNATIONAL ROWING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 512 WILLIAMS STREET SUITE B TALLAHASSEE, FL 32303 **New Mailing Address: Current Mailing Address:** 512 WILLIAMS STREET SUITE B TALLAHASSEE, FL 32303 FEI Number: 20-8770304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MINARDI, RUSSELL D 512 WILLIAMS STREET SUITE B TALLAHASSEE, FL 32303 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MINARDI, RUSSELL D Name: MINARDI, RUSSELL D Name: 512 WILLIAMS STREET Address: 512 WILLIAMS STREET Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: Title: () Change (X) Addition () Delete Name: Name: CARROLL, FREDRICK R Address: Address: 2640 MITCHAM DR. City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: **VCHR** () Change (X) Addition ANDERSON, WAYNE Name: Name: Address: Address: POB 38154 City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: SEC () Change (X) Addition Name: Name: MINARDI, CHRISTINE A Address: Address: 512 WILLIAMS STREET City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303

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: DEAN MINARDI CHRM 03/02/2008