

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006529

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** TOM BROWN PARK SENIOR MAJOR, INC.

**Current Principal Place of Business:**

400 EASTER WOOD DRIVE  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 13164  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHODES, ANN M  
6711 CHEVY WAY  
TALLAHASSEE, FL 32317 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: P  
Name: RHODES, ANN  
Address: POST OFFICE BOX 13164  
City-St-Zip: TALLAHASSEE, FL 32317

Title: S/T  
Name: BUCKLEY, KIMBERLY  
Address: POST OFFICE BOX 13164  
City-St-Zip: TALLAHASSEE, FL 32317

Title: C  
Name: WADE, CHRISTIE  
Address: POST OFFICE BOX 13164  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby 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 all other like empowered.

**SIGNATURE:** ANN M. RHODES

**PRES**

**05/01/2012**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date