

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006786

FILED
Sep 10, 2008
Secretary of State

Entity Name: TOP LADIES OF DISTINCTION , INC. TALLAHASSEE CHAPTER

Current Principal Place of Business:

1498 VAN DELIA ROAD
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

1498 VAN DELIA ROAD
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 91-1919892 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, PAULA M
1498 VAN DELIA ROAD
TALLAHASSEE, FL 32310 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: PRES () Delete
Name: ROBERTS, PAULA M
Address: 1498 VAN DELIA ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: VP () Delete
Name: CASWELL, ROSELL
Address: 1301 MAUDE STREET
City-St-Zip: TALLAHASSEE, FL 32310

Title: VP () Delete
Name: ROBERTS, BETTY A
Address: 1306 VICTORIA STREET
City-St-Zip: TALLAHASSEE, FL 32310

Title: TREA () Delete
Name: WILSON, LENORA Y
Address: 210 BRAGG DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: RSEC () Delete
Name: SULUKI, CELIA
Address: 3119 CANMORE PLACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: FSEC () Delete
Name: CALDWELL, MARY
Address: 1019 CALLOWAY STREET
City-St-Zip: TALLAHASSEE, FL 32304

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: PAULA M. ROBERTS

MS.

09/10/2008

Electronic Signature of Signing Officer or Director

Date