2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY -1 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000012066

1. Entity Name
TALLAHASSEE-ST. MAARTEN FOUNDATION INC.

Principal Place of Business	Mailing Address
300 S. ADAMS ST. TALLAHASSEE, FL 32301	300 S. ADAMS ST. TALLAHASSEE, FL 32301

05012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 30-0474267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, BENJAMIN 300 S. ADAMS ST. TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EED - EXECUTIVE DIRECTOR ARTHUR J.R. LUGISSE 533 NORMAN DRIVE TALLAHASSEE FL - 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSIT - Secretary-Treasurer DAVID ARMSTRONG TALLAHASSEE FLORIDA	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Stephen KNIGHT 157 Salem Court TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT NEIL RAMBARAN 521 E TENNESSEE ST TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600129437538 05/14/08--01009--010 **17.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	INTERNATIONAL EXECUTIVE CONSULT MARTIN NIEKUS CURACAO. N.A. 300 S. Adams St, Trlg, 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600129437536 05/14/08--01009--011 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY TURRIO ESBORNE TALLAHASSEE FLORIDA. 300 S. Adams St.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARTURO ALEXANDER TREASURER 533 NORMAN DRIVE TALLAHASSEE FL - 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #