

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003425

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUSTAINABLE TALLAHASSEE, INCORPORATED

Current Principal Place of Business:

C/O MAD DOG DESIGN
1203 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

SUNTRUST BANK/KATHY BARTLETT
3522 THOMASVILLE ROAD, 5TH FLOOR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 26-2357163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOZIER, KRISTIN
MAD DOG DESIGN
1203 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 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: BAHORSKI, TOM
Address: 8527 YASHUNTAFUN ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP () Delete
Name: BERLOW, WILLIAM R
Address: 2203 TEN OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: O'BRYANT, MARK
Address: 9616 DEER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BYRNE, DAVID
Address: 2720 FOLEY COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD () Delete
Name: DOZIER, KRISTIN
Address: 367 WHETHERBINE WAY EAST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: HOGGE, STEPHEN
Address: 410 EAST NINTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

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: KRISTIN DOZIER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date