

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010666

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** TALLAHASSEE FULLER CENTER FOR HOUSING, INC.

**Current Principal Place of Business:**

2183 GATES DRIVE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

2183 GATES DRIVE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

PO BOX 12951  
TALLAHASSEE, FL 32317

**FEI Number:** 26-3747262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERVIN, JAMES M JR.  
315 SOUTH CALHOUN STREET  
SUITE 600  
TALLAHASSEE, FL 32301 US

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

PAUSE, ROBERT W  
2750 OLD ST AUGUSTINE RD  
E43  
TALLAHASSEE, FL 32301 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: ROBERT W PAUSE

04/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FACKENDER, TOM  
Address: 2183 GATES DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD ( ) Delete  
Name: MILLS, TOMMY  
Address: 6795 QUAIL VALLEY RD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete  
Name: PAUSE, BOB  
Address: 2750 OLD ST AUGUSTINE RD, #E43  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete  
Name: ERVIN, JIM  
Address: 6245 ROLLING HILLS DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: BARTON, BRENDA  
Address: 1370 MANOR HOUSE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: BIGGINS, PATRICK  
Address: 8721 MINNOW CREEK DR  
City-St-Zip: TALLAHASSEE, FL 32312

**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: ROBERT W PAUSE

TD

04/11/2009

Electronic Signature of Signing Officer or Director

Date