2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010666

FILED Jan 08, 2010 Secretary of State

Entity Name: TALLAHASSEE FULLER CENTER FOR HOUSING, INC.

Current Principal Place of Business: New Principal Place of Business:

2183 GATES DRIVE TALLAHASSEE, FL 32312

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 FACKENDER, TOM

 Address:
 2183 GATES DR

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: VPD

 Name:
 MILLS, TOMMY

 Address:
 6795 QUAIL VALLEY RD

 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: TD

Name: PAUSE, BOB

Address: 2750 OLD ST AUGUSTINE RD, #E43

City-St-Zip: TALLAHASSEE, FL 32301

Title: SD

Name: ERVIN, JIM

Address: 6245 ROLLING HILLS DR City-St-Zip: TALLAHASSEE, FL 32309

Title:

 Name:
 BARTON, BRENDA

 Address:
 1370 MANOR HOUSE DR

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: [

Name: BIGGINS, PATRICK
Address: 8721 MINNOW CREEK DR
City-St-Zip: TALLAHASSEE, FL 32312

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: ROBERT W. PAUSE TD 01/08/2010