

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004796

**FILED**  
**Jul 06, 2011**  
**Secretary of State**

**Entity Name:** TOTAL DEVELOPMENT ALLIANCE, INC.

**Current Principal Place of Business:**

591 E. EUCLID AVE.  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

591 E. EUCLID AVE.  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 27-2577876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMALLS-WEST, TAUCIER A  
591 E EUCLID AVE.  
DELAND, FL 32724 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:** CEO  
**Name:** SMALLS-WEST, TAUCIER A  
**Address:** 591 E. EUCLID AVE.  
**City-St-Zip:** DELAND, FL 32724 US

**Title:** CEO  
**Name:** SAFFORD, LORIANNE  
**Address:** 34 MELODIE LANE  
**City-St-Zip:** DELAND, FL 32724 US

**Title:** CEO  
**Name:** PRESLEY, DHAND N  
**Address:** 3809 CALLIOPE AVE  
**City-St-Zip:** PORT ORANGE, FL 32129 US

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:** TAUCIER SMALLS-WEST

CEO

07/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date