

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009236

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** TALLAHASSEE ASSOCIATION OF WEDDING PROFESSIONALS, INC.

**Current Principal Place of Business:**

565 HICKORY STREET  
MONTICELLO, FL 32344

**New Principal Place of Business:**

401 E VIRGINIA STREET  
CARRIAGE HOUSE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 10444  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 56-2494857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VARN, SAMUEL G  
1387 E. LAFAYETTE STREET  
TALLAHASSEE, FL 32301 US

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

CARLSON, KATHLEEN A  
401 E VIRGINIA STREET  
CARRIAGE HOUSE  
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: KATHLEEN A CARLSON

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARLSON, KATHLEEN A  
Address: 401 E VIRGINIA STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP  
Name: DOXSEE, LISA  
Address: 3544 OAK HILL TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: T  
Name: MOODY, MARLO  
Address: 202 SOUTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: LOWELL, SKIPP  
Address: 6640 KINGMAN TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: CS  
Name: GROSS, KARYNN  
Address: 1342 TIMBERLANE ROAD , SUITE 201A  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: EDNA, HALL  
Address: 103 N. MAIN STREET  
City-St-Zip: HAVANA, FL 32333

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: KATHLEEN A CARLSON

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date