


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90097 038 ****61.25

DOCUMENT # N13178 1. Entity Name PRESBYTERIAN UNIVERSITY CENTER OF TALLAHASSEE, INC.					
Principal Place of Business 548 WEST PARK AVENUE TALLAHASSEE, FL 32301-1425			Mailing Address 548 WEST PARK AVENUE TALLAHASSEE, FL 32301-1425		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1316857	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHAPMAN, BRUCE A REV 548 WEST PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABBERGER, LESTER 1435 MARION AVE. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cindy D. Entremont 210 Planters Circle Quincy, FL 32352
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELOACH, JOHN 8808 EDENROCK LANE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lester Abberger P.O. Box 1168 Tallahassee, FL 32302
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEIER, NORMA 908 WAVERLY RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dennis Moore 1134 Sarasota Dr Tallahassee, FL 32306
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, ELIZABETH 7560 HOSFORD HWY QUINCY, FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bill Bess 223 Dogwood Avenue Havana, FL 32333
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 917, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bruce A. Chapman</u> 04.17.06 850.222.6320 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

60028687



04142006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1316857

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPMAN, BRUCE A REV
548 WEST PARK AVENUE
TALLAHASSEE, FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ABBERGER, LESTER
1435 MARION AVE.
TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Cindy D. Entremont
210 Planters Circle
Quincy, FL 32352

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DELOACH, JOHN
8808 EDENROCK LANE
TALLAHASSEE, FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Lester Abberger
P.O. Box 1168
Tallahassee, FL 32302

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MEIER, NORMA
908 WAVERLY RD
TALLAHASSEE, FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Dennis Moore
1134 Sarasota Dr
Tallahassee, FL 32306

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DAVIS, ELIZABETH
7560 HOSFORD HWY
QUINCY, FL 32351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Bill Bess
223 Dogwood Avenue
Havana, FL 32333

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BLA Whelan

PRESBYTERIAN UNIVERSITY CENTER
TALLAHASSEE, FLORIDA

BOARD OF DIRECTORS

Mr. John DeLoach
8808 Edenrock Lane
Tallahassee, FL 32312

Mr. David Milam
5399 East County HWY
C-30A Unit 8
Santa Rosa Beach, FL 32459

Ms. Gayle Swedmark
1887 Oxbottom Road
Tallahassee, FL 32312

Mr. Lew Shelley
3018 South Shore Circle
Tallahassee, FL 32312

Steve Panton
1525 Copperfield Circle
Tallahassee, Florida 32312

Lynn Panton
1525 Copperfield Circle
Tallahassee, Florida 32312

Mrs. Nancy Henning
2903 Cross Creek Circle
Tallahassee, Florida 32301

Ms. Elizabeth Davis
7560 Hosford Hwy.
Quincy, FL 32351

Mr. Dan Scheer
209 W. Wetherbine Road
Tallahassee, FL 32301

ATTACHMENT

60028687
#N13178