2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17198

FILED Apr 19, 2007 Secretary of State

Entity Name: TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU, INC.

Current Principal Place of Business: New Principal Place of Business: C/O SHARON LIGGETT 106 E JEFFERSON STREET TALLAHASSEE, FL 32301 **New Mailing Address: Current Mailing Address:** C/O SHARON LIGGETT 106 106 E JEFFERSON STREET 106 E JEFFERSON STREET TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US FEI Number: 59-2788437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: OBRIEN, CHRIS LIGGETT, SHARON 106 E. JEFERSON ST 106 E. JÉFERSON ST. TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US 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: SHARON LIGGETT 04/19/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LIGGETT, SHARON A Name: Name: 106 E. JEFFERSON ST. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: Title: (X) Change () Addition () Delete BARBER, CHUCHA Name: LAMBERT, KAREN Name: Address: 350 S. DUVAL ST. Address: 106 E JEFFERSON ST City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change () Addition MORGAN, DENNIS Name: Name: 8531 CONGRESSIONAL DR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COOLEY, KAREN Name: 1215 THOMASVILLE RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: (X) Change () Addition GROSVENOR, PAT PERSONNETTE, MICHELLE Name: Name: 415 N MONROE ST 106 E JEFFERSON Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change () Addition ZAID, FATIMAH Name: Name: Address: C/O 2039 N MERIDIAN RD #267 Address: TALLAHASSEE, FL 32303 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON LIGGETT CEO 04/19/2007