


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90062 046 ****61.25

DOCUMENT # N27787			
1. Entity Name CASA 12, INC.			
Principal Place of Business 2410 MONDAY ROAD TALLAHASSEE FL 32301		Mailing Address P.O. BOX 12391 TALLAHASSEE FL 32317-2391	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 59-2915458		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOUGHERTY, RALPH C 1006 WAVERLY ROAD TALLAHASSEE FL 32312-2814		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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: PRES NAME: DOUGHERTY, RALPH L STREET ADDRESS: 1006 WAVERLY RD CITY-ST-ZIP: TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	TITLE: VP NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: PARKS, PAT STREET ADDRESS: 125 ST MARKS RISE CITY-ST-ZIP: CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete	TITLE: D NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MCGINNIS, CAROL STREET ADDRESS: 3723 SUTOR CT CITY-ST-ZIP: TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Gary Mosier STREET ADDRESS: 3536 Daylily Lane CITY-ST-ZIP: Tallahassee FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DOUGHERTY, KRIS STREET ADDRESS: 1006 WAVERLY ROAD CITY-ST-ZIP: TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: Kathleen O. Ricker STREET ADDRESS: 2928 Parrish Drive CITY-ST-ZIP: Tallahassee FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HOUK, CARLA STREET ADDRESS: 1258 REDFIELD RD CITY-ST-ZIP: TALLAHASSEE FL 32317	<input type="checkbox"/> Delete	TITLE: D NAME: Jack Sams STREET ADDRESS: 1258 Shadeville Road CITY-ST-ZIP: Crawfordville FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: GOODMAN, MIKE STREET ADDRESS: 246 NORTHWOOD RD CITY-ST-ZIP: CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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 Section 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 617, 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: Kathleen O. Ricker Kathleen O. Ricker 1/14/2008 850-893-4058

Additions to Casa 12, Inc.
2008 Not-for-Profit Report

ATTACHMENT

N27787
40031949

Director
Paul Parks
125 St. Marks Rise
Crawfordville, FL 32327

Director
Sue Beauchesne
1445 Renegade Trail
Tallahassee, FL 32303

Director
Ken Simmons
3879 Edgewater Drive
Tallahassee, FL 32310-8221