

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31169

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE TALLAHASSEE COMMUNITY CHORUS, INC.

Current Principal Place of Business:

P O BOX 13083
TALLAHASSEE, FL 323173083 US

New Principal Place of Business:

2994 GOLDEN EAGLE DRIVE
TALLAHASSEE, FL 32312 US

Current Mailing Address:

P O BOX 13083
TALLAHASSEE, FL 323173083 US

New Mailing Address:

FEI Number: 59-3019819 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STINSON, DONNA H
215 SOUTH MONROE ST.
SUITE 400
TALLAHASSEE, FL 32301 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: P () Delete
Name: D'ANNUNZIO, BARBARA
Address: 2994 GOLDEN EAGLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: THOMAS, ANDRE
Address: 3232 CONSTELLATION CT.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: STINSON, DONNA H
Address: 215 S. MONROE ST., STE. 400
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: REPPLINGER, NANCY
Address: 3030 BAY SHORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONNA H. STINSON

D

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date