2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

FILED Mar 14, 2008 8:00 am Secretary of State

03-14-2008 90029 019 ****61.25

DOCUMENT # N40053

1. Entity Name

Principal Place of Business

THE TALLAHASSEE SCIENTIFIC SOCIETY, INCORPORATED



FAMU-FSU COLLEGE OF ENGINEERING
2525 POTTSDAMER -B206
TALLAHASSEE, FL 32310-6046

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FAMU-FSU COLLEGE OF ENGINEERING
2525 POTTSDAMER -B206
TALLAHASSEE, FL 32310-6046

3. Mailing Address
FSU , Dept. Chem & Bic
Suite, Apt. #, etc.

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z. micipairi	ade of Business - 140 1 .O. Box #	FSU, Dept.Ch	em & Bio	cher	الها الله الله اللها الـــــــــــــــــ	DOIN CAIRL BISAN	IIII MINSI NIBII N		II 81 41 45 81
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122008 Chg-NP CR2E037 (12/06)				
		95 Chieftan	Way				CIVECO		
City & State	9	City & State Tallahassee,	FL		4. FEI Number 59-31288	33		<u> </u>	plied For t Applicable
Zip	Country	Zip 32306-4390	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Required	itional 1
	6. Name and Address of Current	Registered Agent			7. Name and Ad	ress of New	Registered	Agent	
David	Edelson	<u> </u>		Name Dr. Penny J. Gilmer					
1107 Kenilworth R.		Street Ad	Street Address (P.O. Box Number is Not Acceptable) FSU Chemistry						
Tallahassee, FL			95 Chieftan Way						
			City		hassee		FI	Zip Cod 3230	6-4390
	named entity submits this statement for	r the purpose of changing its r	egistered office or	registere	ed agent, or both, is	the State of	Florida. I am	familiar with,	and accept
		ш.							; ,
SIGNATURE .	Signature, typed or printed fame of residered agent	Jelmey					2 2	raich	0.8
	Signature, typed or printed fame of confered agent.	and title if applicable. (NOTE:	Registered Agent signatu	vre required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Fi Trust Fund Contribution			\$5.00 May Be Added to Fees Make check payable to in Florida Department of State						
10.	OFFICERS AND DIF	RECTORS	11.	<u> </u>	DDITIONS/CHANG	ES TO OFFIC	CERS AND D	IRECTORS IN	10
TITLE	DT	☑ Delete	TITLE	DT ,	D				Addition
NAME	EDELSON, DAVID		NAME	Dr.	Penny J.	Gilme	r		
STREET ADDRESS CITY-ST-ZIP	1107 KENILWORTH RD TALLAHASSEE, FL		arrice Audiness		Robinho			22212	
TITLE	PD		TITLE	2232	RODIIIIO	oa ka,		☐ Change	☐ Addition
NAME	BOERNER, BARRY	_ Dollin	NAME					Grangs	
STREET ADORESS	3520 CLIFDEN DR	. 4.	STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE					☐ Change	Addition
NAME	HALL, AL		NAME						
STREET ADDRESS .	4335 SHERBORNE RD. TALLAHASSEE, FL		STREET ADORESS CITY-ST-ZIP						
TITLE	D	■ Delete	TITLE					☐ Change	Addition
NAME	GILMER, PENNY J.	EST DEICIE	NAME					C Change	Addition
STREET ADDRESS	3235 ROBINHOOD RD		STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE					Change	Addition
NAME	CAIN, JOE		NAME						
STREET ADDRESS CITY-ST-ZIP	2807 STERLING DRIVE TALLAHASSEE, FL 32312		STREET ADDRESS CITY-ST-ZIP						
TITLE		Q Delet-	TITLE					Chan	D Addition
NAME	D ·	≥ Delete	NAME					☐ Change	Addition
STREET ADDRESS	Gruender, Dav	rid	STREET ADDRESS						
CITY-ST-ZIP"	(deceased)		CITY-ST-ZIP						

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 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.

SIG	NAT	URE:
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SIGNATURE AND TYDES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 march 08

(850) 644-

Daytime Phone #