2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90152 012 ****61.25

DOCUMENT # N40648

1. Entity Name
HOME CORPORATION OF TALLAHASSEE

Principal Place of Business	Mailing Address
219 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	219 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301

02102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3044426 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYLEMARK, GEORGE
2436 CASTLETOWER RD
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: GEORGE ENGLEMARK
Street Address (P.O. Box Number is Not Acceptable): 2436 CASTLETOWER ROAD
City: TALLAHASSEE **FL** Zip Code: 32301

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: George R. Englemark 4/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	P FITZGERALD, PAUL 4010 DELVIN DRIVE TALLAHASSEE, FL 32309	☒ Delete	P NWABUZOR, AUGUSTINE M. 2529 Lemon Lane Tallahassee, Florida 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NWABUZOR, AUGUSTINE M 2529 LEMON LANE TALLAHASSEE, FL 32308	☐ Delete see change	VP WILGENBUSCH, JAMES 2328 Armistead Road Tallahassee, Florida 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHOEMAKER, JACK 1510 MITCHELL AVENUE TALLAHASSEE, FL 32303	☒ Delete	TG GUMINSKI, JAMES D. 1121 Bomic Drive Tallahassee, FLORIDA 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ENGLEMARK, GEORGE 2436 CASTLETOWER RD TALLAHASSEE, FL 32301	☐ Delete OK	S ENGLEMARK, GEORGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JAMES D. GUMINSKI 04/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850-942-9156 X4102

ATTACHMENT

Entity Name

OME CORPORATION OF TALLAHASSEE

2002 9940
N40648

Principal Place of Business	Mailing Address
9 OFFICE PLAZA DRIVE LLAHASSEE FL 32301	219 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301

[redacted]

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3044426 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

JUGENHEIMER, DICK
2436 CASTLETOWER RD
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: George Englemark

Street Address (P.O. Box Number is Not Acceptable): ~~2436 Castletower Road~~

City: Tallahassee, FL Zip Code: 32301

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.

NATURE: George R Englemark 3-12-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	PD SEAMANS, GARY 1129 NANDINA COURT TALLAHASSEE FL 32308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paul Fitzgerald 4010 Delvin Drive Tallahassee, FL. 32309 ☒ Change ☐ Addition
	VD FITZGERALD, PAUL 4010 DELVIN DRIVE TALLAHASSEE FL 32309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Augustine M. Nwabuzor 2529 Lemon Lane Tallahassee, FL. 32308 ☒ Change ☐ Addition
	TD SHOEMAKER, JACK 1510 MITCHELL AVENUE TALLAHASSEE FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jack Shoemaker 1510 Mitchell Ave. Talla, 32303 ☐ Change ☐ Addition
	S ENGLEMARK, GEORGE 2436 CASTLETOWER RD TALLAHASSEE FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary George Englemark 2436 Castletower Road Tallahassee, FL. 32301 ☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jack Shoemaker 3/15/04 850-877-7910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #