## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40648  1. Entity Name HOME CORPORATION OF TALLAHASSEE  Principal Place of Business 219 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301  2. Principal Place of Business - No P.O. Box # 3. Mailing Address					2009 JUL 10 SECRETARY			IO: 35 STATE LORIDA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del> .	07092008 C	ha MD	CD2E037	(42/06)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	hg-NP	CR2E037		plied For	
Zip Country		Zip	Country	59-3044426  5. Certificate of Status Desir.			\$t	Not	t Applicable	
	S. Normand Address of Survey 15		1				Fe	e Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
SEAMANS, GARY 1129 NANDINA CT TALLAHASSEE, FL 32308			Street A	Street Address (P.O. Box Number is Not Acceptable)						
TALLAMASSEE, FL 32300										
				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  SIGNATURE  Signature required or projection of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Pulling Fee its \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Florida Department of State										
10	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	1 100	RS AND DIRE	CTORS IN	10	
TITLE NAME STRIFT ADDRESS CITT - ST-ZIP	P JOHN, AHLER M 2528 MARSTON ROAD TALLAHASSEE, FL 32308	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mic 190	chael Bundick 6 Dawsey St lahasee, FL 32			Change	Addition	
TITUE	T CONTRACT	Delete	TITLE	VP	D1		1	Change	Addition	
NAME STREET ADDRESS	KEVIN, BIST 1062 ANAHEIM COURT		NAME STREET ADDRESS	341	ies Brooks 7 Dundalk Dr					
CITY ST-ZIP	TALLAHASSEE, FL 32317	<b>2</b> 0.44-	CITY-ST-ZIP	Tall	lahasee, FL 32	309-2428		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JAMES, GEUIN 4115 STAG RUN COURT TALLAHASSEE, FL 32311	■ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Jere 507	emy Gordon Sauls St lahasee, FL 32	308-5150		■ CHANGE	C Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP BUNDICK, MICHEAL 219 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32399	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	161	k Brindley 1 Coombs Dr # lahasee, FL 32			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			01329 801006-	2232	Change 2 8 *61 . 29	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			vido Cipliano I i		Change	Addition	

<sup>2.</sup> Thereby 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.