2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N45326

Entity Name: TALLAHASSEE DAYLILY SOCIETY, INC.

Current Principal Place of Business:

7444 CREEK RIDGE CIR
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

7444 CREEK RIDGE CIR
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-2583498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGOSTA, SHARON H
7444 CREEKRIDGE CIR
TALLAHASSEE, FL 32309 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: PD ( ) Delete
Name: FLEMING, RANDY
Address: 9431 N. HOLLAND RD
City-St-Zip: PANAMA CITY, FL 32409

Title: SD ( ) Delete
Name: FLEMING, CINDY
Address: 9431 N. HOLLAND RD
City-St-Zip: PANAMA CITY, FL 32409

Title: TD ( ) Delete
Name: AGOSTA, SHARON
Address: 7444 CREEKSIDE CIR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD ( ) Delete
Name: ROBERTS, MARYZELL
Address: 1414 IDLEWILD DR.
City-St-Zip: TALLAHASSEE, FL 32311

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: SHARON H. AGOSTA TD 02/21/2009

Electronic Signature of Signing Officer or Director — Date