

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90007 027 \*\*\*\*70.00

<b>DOCUMENT # N47201</b> 1. Entity Name <b>DAMAYAN, INC.</b>					
Principal Place of Business <b>1401 HIGH ROAD TALLAHASSEE, FL 32304 US</b>			Mailing Address <b>P.O. BOX 38401 TALLAHASSEE, FL 32315-8401 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3113153</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FELLER, DANIELLE 2534 NOBLE DRIVE TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRIER, JENNIFER DR 1919 ATAPHA NENE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KIM KILCOURSE 222 West First Avenue Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, DARBI 1414 COLONIAL DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL TAYLOR 228 East Lake Lane Quincy, FL 32351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKSFORD, ED 2520 HARRIMAN CIRCLE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Nancy George 254 Meridian Dr. Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTRAPA, ELIZABETH 645 BEARD STREET TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Claudia Montony 1674 Springwood Dr. Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIPPS, LAURA RT 9 BOX 195 TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Laura Phipps 4975 Clippys Dr. Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLER, DANIELLE 2534 NOBLE DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alison Kiser 3989 Chaires Cross Rd. Tallahassee, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Danielle M. S. Feller</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
Date <b>2/25/07</b>			Daytime Phone # <b>850-878-4898</b>		

# ATTACHMENT

40030124

# N47201

## Deletions:

As marked on previous page: Cherrier, Jennifer and Mastrapa, Elizabeth.

## Additions:

T/D

Kilcourse, Kim

222 West First Avenue

Tallahassee, FL

D

Taylor, William

228 East Lake Lane

Quincy, FL 32354

S/D

George, Nancy

254 Meridianna Dr.

Tallahassee, FL 32312

D

Montony, Claudia

1674 Springwood Dr.

Tallahassee, FL 32308

D

Kiser, Alison

3989 Chaires Cross Rd.

Tallahassee, FL 32317

## Changes:

C/D

Phipps, Laura

4975 Clippys Drive

Tallahassee, FL 32303

D

Cox, Darbi

647 Ingleside Avenue

Tallahassee, FL 32303