

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N50797**

1. Entity Name  
**TALLAHASSEE FREE-NET, INC.**



Principal Place of Business  
**2727 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301**

Mailing Address  
**2727 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301**



01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3167407**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLAGER, CHRISTOPHER CPA  
2727 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DUKE, DENNIS
STREET ADDRESS	9907 WATERS MEET
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	DT
NAME	FLAGER, CHRISTOPHER
STREET ADDRESS	2727 APALACHEE APRKWAY
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	STILLWELL, GARY I
STREET ADDRESS	101 N. MONROE STREET
CITY-ST-ZIP	TALLAHASSE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/05/07-800006-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Christopher Flager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/3/07 850 878 6189*

Date Daytime Phone #