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NONPROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N93000004597 (1)

TALLAHASSEE CHESS ASSOCIATION, INC.

FILED Apr 28 1998 8:00am Secretary of State

(850)

| Principal Place of Business Mailing Address | | | | | r identifet eine felbe flist mette autif bætst batti | i Bālili didās Biliā iāšil iadli jadl |
|---|--|--|-----------------------|--|---|---------------------------------------|
| 3305 VASSAR CT | | 3305 VASSAR CT | | 3. Date Incorporated or Qualified | | |
| TALLAHASSEE | FL 32308 | TALLAHASSEE FL 32308 | | 10/12/1993 | | |
| US | | US | | 4. FEI Number | Applied For | |
| | | | | | 59-3154571 | Not Applicable |
| 2. Principal Place of Business 2a. Mailing Addre | | | | | 5. Certificate of Status Desired | \$8.75 Additional |
| | | 26 Cuito Ant # ata | Suite, Apt. #, etc. | | | Fee Required |
| Suite, Apt. #, etc. | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| | | City & State | State | | 7. Is this nonprofit corporation a homeowr | |
| - | | 28 | | ☐ Yes ☐ No | | |
| Zip | Country | Zip | Country | 1 | 8. This corporation owes or has paid the o | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curren | t Registered Agent | 81 | Name | 10. Name and Address of New Registers | Ø Agent |
| | | | | Name | | |
| TER LOW, JAY D | | | | Street A | Address (P.O. Box Number is Not Acceptable) | |
| 3305 VASSAR CT TALLAHASSEE FL 32308 | | | 83 | | | |
| IACONID | HOOLE PE 02000 | | | ļ | | |
| | | | 84 | City | F | S Zip Code |
| 11. Pursuant i | to the provisions of Sections 617,050 | 2 and 617.1508, Florida Statu | tes, the abov | e-named | corporation submits this statement for the purpose | of changing its registered |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | |
| SIGNATURE | | | | | | |
| | Signature, typed or printed name of registered age | | | eni signature | required when reinstating) DATE | |
| 12. | OFFICERS AN | D DIRECTORS DELETE | 13. | _' | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| TITLE | PD Menser, Mark | ☐ DELETE | 1.1 TITLE 1.2 NAME | | | C orange C Acousti |
| STREET ADDRESS | 1024 GREEN HILL TRACE | | | T ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | | 1.4 CITY-5 | | | |
| TITLE | VPD | DELETE | 2.1 TITLE | 31-24 | | ☐ Change ☐ Addition |
| NAME | FROEMKE, ROBERT L | | 2.2 NAME | | | |
| STREET ADDRESS | 1516 ARGONNE RD. | | 2.3 STREET | | γ | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | | 2.4 CHY- | ST-ZIP | | |
| TITLE | SD DELETE | | 3.1 TITLE | | 1 | ☐ Change ☐ Addition |
| NAME | TER LOUW, JAY | | 3.2 NAME | | | |
| STREET ADDRESS | 3305 VASSAR COURT | | 3.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | DELETE | 3.4. CITY - | ST-ZIP | | Change Addition |
| TITLE | td Whayne, A. Earl | ☐ beceig | 4.1 TITLE 4.2 NAME | | William MoTions | Ondrigo C Account |
| NAME Street address | 1427 IDLEWILD DR. | | | T ADDRESS | William McTique 5547 Mossy Top Way | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | | 4.4 CITY-1 | | Tallahassee FL 32303 | |
| TITLE | 17424 1740022 12 02011 | DELETE | 5.1 TITLE | 31-Eir | Talla Rasper, PL 32503 | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET | T ADDRESS | | |
| CITY-ST-21P | | | 5.4 CITY-1 | ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | |
| CITY ST-ZIP | | on all to 1910 and a control of | 6.4 CITY- | | | andifuthet the information |
| l Indicated | on this annual report or supplements | al annual report is true and ac- | curate and th | nat my sig | d in Section 119.07(3)(i), Florida Statutes. I further nature shall have the same legal effect as if made | under oath; that I am an |
| officer or of Block 12 i | director of the corporation or the rect or Block 13 if changed, or on an atta | eiver or trustee empowered to chment with an address. | execute this | report as | required by Chapter 617, Florida Statutes; and the | |
| D.O 12 . | ar arear to a original and a contains | | | | | (OEn) |