

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001382

FILED
Apr 14, 2009
Secretary of State

Entity Name: TALL PINES CENTER, INC.

Current Principal Place of Business:

100 DUGGAN AVENUE
CRESTVIEW, FL 32536

New Principal Place of Business:

5835 OLD BETHEL ROAD
CRESTVIEW, FL 32536

Current Mailing Address:

5835 OLD BETHEL ROAD
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3233276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINSON, RANDALL H
4862 S. HWY 77
GRACEVILLE, FL, FL 32440 US

Name and Address of New Registered Agent:

HINSON, RANDALL H
4862 S. HWY 77
GRACEVILLE, FL 32440 US

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: _____

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HINSON, CHARLIE G
Address: 5835 OLD BETHEL ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: COOK, PATTY
Address: 100 DUGGAN AVENUE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: HINSON, MICHAEL C
Address: 5833 OLD BETHEL ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: KELLY, GEORGIE
Address: 5093 OKALOOSA LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: WILLIAMS, RAYMOND E REV.
Address: 5369 HILLCREST
City-St-Zip: CRESTVIEW, FL 32539

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:

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: CHARLIE G. HINSON

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

Date