

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003004

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: TALLAHASSEE CHAMBER FOUNDATION, INC.

**Current Principal Place of Business:**

100 N. DUVAL ST.  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1639  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 59-3161813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DICK, SUZANNE M  
100 N. DUVAL ST.  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: WILLIAMS, KIM  
Address: PO BOX 2068  
City-St-Zip: TALLAHASSEE, FL 32316

Title: D ( ) Delete  
Name: DICK, SUZANNE M  
Address: 100 N DUVAL ST  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D ( ) Delete  
Name: WAHLEN, JEFFRY J  
Address: PO BOX 391  
City-St-Zip: TALLAHASSEE, FL 32302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: ENNIS, ERIN  
Address: 1400 OVEN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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 for the exemption stated in Section 119.07(3)(i), 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: SUZANNE M. DICK

DP

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date