

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001945

FILED
Feb 04, 2005
Secretary of State

Entity Name: TALLAHASSEE MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.

Current Principal Place of Business:

2001 S. MAGNOLIA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2001 S. MAGNOLIA DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3312418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEJNAR, TOR
1318 W. INDIAN HEAD DR.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ANDERSEN, NEIL H
98 FOX RUN CIRCLE
CRAWFORDVILLE, FL 32327 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: NEIL H. ANDERSEN

02/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR, SUSAN
Address: 1505 KOLOPAKIN NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MILES, REBECCA
Address: 3885 IMAGINARY RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT () Delete
Name: BEJNAR, TOR
Address: 1318 W. INDIAN HEAD DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete
Name: ANDERSEN, NEIL
Address: 98 FOXRUN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HENDERSON, ROBERT B
Address: 1015 ALACHUA AVENUE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT (X) Change () Addition
Name: ANDERSEN, NEIL H
Address: 98 FOX RUN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: NEIL H. ANDERSEN

DT

02/04/2005

Electronic Signature of Signing Officer or Director

Date