# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001690

Entity Name: TALLAHASSEE AREA CREW, INC.

FILED Mar 26, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2939 N. UMBERLAND DRIVE P.O. BOX 13941

TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32317 US

Current Mailing Address: New Mailing Address:

2939 N. UMBERLAND DRIVE P.O. BOX 13941

TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32317 US

FEI Number: 59-3369684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALVES, JAMES S
BUDELL, RICH
6309 PICKNEY HILL ROAD
BUDELL, RICH
6712 CHEVY WAY

TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32312 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: RICH BUDELL 03/26/2005

Electronic Signature of Registered Agent Date

#### **OFFICERS AND DIRECTORS:**

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

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ALVES, JAMES S
 Name:
 BUDELL, RICH

 Address:
 6309 PICKNEY HILL ROAD
 Address:
 6712 CHEVY WAY

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32317

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BUDELL, RICH
 Name:

 Address:
 6712 CHEVY WAY
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32317
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 PHILLIPS, GINGER
 Name:

 Address:
 7992 HIDDEN OAK CT
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32317
 City-St-Zip:

 Name:
 GATZLAFF, KATHY
 Name:

 Address:
 2939 N UMBERLAND DRIVE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312
 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: KATHY GATZLAFF T 03/26/2005