

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 02, 2006**  
**Secretary of State**

DOCUMENT# N96000001690

**Entity Name:** TALLAHASSEE AREA CREW, INC.**Current Principal Place of Business:**P.O. BOX 13941  
TALLAHASSEE, FL 32317 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 13941  
TALLAHASSEE, FL 32317 US**New Mailing Address:****FEI Number:** 59-3369684**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BUDELL, RICH  
6712 CHEVY WAY  
TALLAHASSEE, FL 32312 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:** P ( ) Delete  
**Name:** BUDELL, RICH  
**Address:** 6712 CHEVY WAY  
**City-St-Zip:** TALLAHASSEE, FL 32317**Title:** S ( ) Delete  
**Name:** PHILLIPS, GINGER  
**Address:** 7992 HIDDEN OAK CT  
**City-St-Zip:** TALLAHASSEE, FL 32317**Title:** T ( ) Delete  
**Name:** KUESTER, KATHY  
**Address:** 6142 BORDERLINE DR  
**City-St-Zip:** TALLAHASSEE, FL 32312**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** PHILLIPS, GINGER  
**Address:** 7992 HIDDEN OAK CT  
**City-St-Zip:** TALLAHASSEE, FL 32317**Title:** S (X) Change ( ) Addition  
**Name:** SCIBELLI, ELENA  
**Address:** 3005 TRESTWICK WAY  
**City-St-Zip:** TALLAHASSEE, FL 32312**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 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: KATHY M KUESTER

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07/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date