

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001690

FILED
Jun 22, 2007
Secretary of State

Entity Name: TALLAHASSEE AREA CREW, INC.

Current Principal Place of Business:

P.O. BOX 13941
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

4351 MAYLOR ROAD
TALLAHASSEE, FL 32308 US

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PHILLIPS, GINGER
Address: 7992 HIDDEN OAK CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Delete
Name: SCIBELLI, ELENA
Address: 3005 TRESTWICK WAY
City-St-Zip: TALLAHASSEE, FL 32312

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: NEWTON, JAY
Address: 1455 LLOYDS COVE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: T (X) Change () Addition
Name: GOULD, BRUCE
Address: 4351 MAYLOR ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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: BRUCE GOULD

T

06/22/2007

Electronic Signature of Signing Officer or Director

Date