

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004549

FILED
Sep 05, 2007
Secretary of State

Entity Name: TALLAHASSEE AUBURN CLUB, INC.

Current Principal Place of Business:

825 THOMASVILLE RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1125 WAVERLY RD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

PATRICK, LAUREN
1125 WAVERLY RD
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATRICK, LAUREN
Address: 1125 WAVERLY RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: BELL, NEIL
Address: 4841 LAKE PARK DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: KETCHAM, BRETT
Address: 202 GRACE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC () Delete
Name: COLE, RUTHIE
Address: 3290 SALINGER WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: PROCTOR, STEWART
Address: 2120 JENETTE STR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PATRICK, LAUREN
Address: 1125 WAVERLY RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP (X) Change () Addition
Name: PAUL, WATTS
Address: 3411 CAPITAL MEDICAL BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: TREA (X) Change () Addition
Name: KETCHAM, BRETT
Address: 202 GRACE ST
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: D (X) Change () Addition
Name: PROCTOR, STEWART
Address: 1106 SHALIMAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: LAUREN PATRICK

MRS

09/05/2007

Electronic Signature of Signing Officer or Director

Date