

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004875

1. Entity Name
TURKEY BRANCH OWNERS ASSOCIATION, INC.



Principal Place of Business
3110 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

Mailing Address
3110 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US



01182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3436280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHIPPS, LAURA LEA
3110 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000219927
02/08/05-80045-024 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PHIPPS, LAURA LEA
STREET ADDRESS 3110 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VPD
NAME PHIPPS, IAN
STREET ADDRESS 4300 MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE STD
NAME PHIPPS, GAVIN
STREET ADDRESS 4300 MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laura Phipps LAURA Phipps 2/2/05 850-562-2068