## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N9700002383  1. Entity Name								FILED					
GREATER TALLAHASSEE ADVERTISING FEDERATION, INC.								05	JUL 13	/# H: 2	6		
Principal Place of Business PO BOX 37264 TALLAHASSEE, FL 32317				Mailing Address PO BOX 37264 TALLAHASSEE, FL 32317				SECTLETY E. TALE, TALLAND					
2. Principal Place of Business 3.				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					06282005 Ch	ng-NP	CR2E037 (	10/03)		
City & State			Ci	City & State				4. FEI Number 59-344333	0		<del></del>	Applicable	
Zip -	Country			Zip Co		1	5. Certificate		atus Desired		.75 Addi Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
JACKSON, LORI 2040 DELTA WAY							ess (F	P.O. Box Number is N	Not Acceptable)				
TALLAHASSEE, FL 32303													
						FL Zip Code							
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													
												<del></del>	
Amended AR is \$61.25  9. Election Campaign Trust Fund Contrib								\$5.00 May Be Added to Fees		ke check pa a Departma			
10.	PD	OFFICERS AND D	RECTORS	Delete	11.		Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
title Name	BROWN,	JON		Delete TITLE NAME							) Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	l	GAMBLE PLACE # 25 SSEE, FL 32308	8	STRE CITY		DRESS ZIP					,		
TITLE	V			☐ Delete TITLE			Q,			Ę <b>Z</b>	Change	Addition	
NAME STREET ADDRESS	BELL, NEIL 4841 LAKE PARK DR			NAM SIR		DRESS E	Ell,	M. NEIL					
CITY-ST-ZIP	TALLAHASSEE, FL 32311				CITY-ST-Z	1.23	푈	HILAUS PORL DR				- 1	
TITLE	T JACKSON	LIODI		☐ Delete	TITLE						] Change	Addition	
NAME STREET ADDRESS	2040 DEL	•		NAME Street ad	DRESS		80:	00577	7195	78			
CITY-ST-ZIP	TALLAHASSEE, FL 32303				CITY-ST-Z	ZIP		07/20/0	UU5 ( )501055	018	**51.	.25	
TITLE NAME	SD KIBLER, V	/AI ERIE		☐ Delete	TITLE NAME						] Change	☐ Addition	
STREET ADDRESS	3626 CAC				STREET AD	DRESS							
CITY-ST-ZIP	TALLAHA	SSEE, FL 32309			CITY-ST-Z	ZIP							
TITLE NAME				☐ Delete	TITLE NAME	y	1	1 alaine			] Change	Addition	
STREET ADDRESS CITY-ST-ZIP	[				STREET AD	110	0.4	30x 3724					
TITLE				☐ Delete	CITY-ST-Z	11P 17	0111	ahassee , F	1.37315		Change	☐ Addition	
NAME					NAME					_	· ·······gu		
STREET ADDRESS CITY - ST - ZIP					STREET AD	1							
12. Thereby 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.													
SIGNAT	UKE:	SIGNATURE AND TYPED OR	PRINTED NAI	ME OF SIGNING OFFICER OF	R DIRECTOR		<u>.v</u>	PI \	Date Date	00U.	ne Phone #	TILL	