

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004484

Entity Name: TALLAHASSEE 25, INC.

FILED
Jul 13, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 11293
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

P O BOX 11293
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3444030 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:

SNIFFEN, ROBERT J
118 N GADSDEN STREET
TALLAHASSEE, FL 32301 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: PD () Delete
Name: HOBBS, KAYLA
Address: 1708 CANTERBURY ST.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD () Delete
Name: ALAM, ADEENA
Address: 4038 BLAIRSTONE RD.
City-St-Zip: TALLAHASSEE, FL 32311

Title: VPD () Delete
Name: MOONEY, KRISTA
Address: 2958 FOXCROFT DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: CATER, STEPHANIE
Address: 427 RICHVIEW PARK CIRCLE EAST
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD (X) Delete
Name: FREEMAN, JOY
Address: 236 DESOTO ST. APT. 6
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOONEY, KRISTA
Address: 2958 FOXCROFT DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD (X) Change () Addition
Name: ANDERSON, ASHLEY
Address: 1128 WINIFRED DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Change () Addition
Name: BROWN, APRIL
Address: 603 ACORN GROVE COURT
City-St-Zip: TALLAHASSEE, FL 32312

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

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: STEPHANIE A CATER

TD

07/13/2006

Electronic Signature of Signing Officer or Director

Date