## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004484

Entity Name: TALLAHASSEE 25, INC.

FILED Apr 29, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 11293 1128 WINIFRED DRIVE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32302

**Current Mailing Address: New Mailing Address:** 

P O BOX 11293 P.O. BOX 11293

TALLAHASSEE, FL 32302 TALLAHASSEE, FL 32302

FEI Number: 59-3444030 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SNIFFEN, ROBERT J 118 N GADSDEN STREET US TALLAHASSEE, FL 32301

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

MOONEY, KRISTA ANDERSON, ASHLEY Name: Name: 2958 FOXCROFT DRIVE Address: 1128 WINIFRED DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete Title: (X) Change ( ) Addition ANDERSON, ASHLEY Name: CAVANY, ADRIA Name: Address: 1128 WINIFRED DRIVE Address: 831 LAUREL STREET City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete Title: (X) Change ( ) Addition NEWBERRY, ELIZABETH Name:

BROWN, APRIL Name: 603 ACORN GROVE COURT 1681 KAY AVENUE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition MARTINDALE, KATHERINE Name: CATER, STEPHANIE Name: 427 RICHVIEW PARK CIRCLE EAST 312 WHETHERBINE WAY EAST Address: Address:

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

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: KATHERINE MARTINDALE TD 04/29/2007