

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006139

FILED
Apr 15, 2009
Secretary of State

Entity Name: EVERY NATION, TALLAHASSEE, INC.

Current Principal Place of Business:

2555 N. MONROE ST.
1
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4375
TALLAHASSEE, FL 323154375

New Mailing Address:

FEI Number: 59-3540621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JR., RONALD R
2555 N. MONROE ST.
SUITE 1
TALLAHASSEE, FL 323154375 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: MILLER, JR., RONALD R PASTOR
Address: 5133 WILD ROSE WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD () Delete
Name: HINTON, CAYCE H
Address: 137 NORTHCUTT TERRACE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: HAMMETT, CHARLES D
Address: 5720 BRAVEHEART WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD (X) Delete
Name: OLSEN, TENNEY C
Address: 2757 WHITMORE COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: MARSHALL, PATRICIA D
Address: 3400 OLD BAINBRIDGE #203
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, JR., RONALD R PASTOR
Address: 2410 BLARNEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD (X) Change () Addition
Name: HINTON, CAYCE H
Address: 2945 TIPPERARY DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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

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 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: PATRICIA D. MARSHALL

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date