

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004663

1. Entity Name
TALLAHASSEE FAMILIES WITH ASIAN CHILDREN, INC.



Principal Place of Business
106 E COLLEGE AVE
SUITE 1200
TALLAHASSEE, FL 32308

Mailing Address
106 E COLLEGE AVE
SUITE 1200
TALLAHASSEE, FL 32308

FILED

06 MAR 31 PM 4:36

CLERK OF STATE
TALLAHASSEE, FLORIDA



01262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3559382

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIX, MARTIN R
106 E COLLEGE AVE
SUITE 1200
TALLAHASSEE, FL 32308

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IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000032642310

03/18/04--01103--001 **61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLDER, PAULA
STREET ADDRESS	2035 WHITE ASH WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VD
NAME	FEZEL, JOYCE
STREET ADDRESS	3706 RANDALL ST
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	STD
NAME	PARNELL, LINDA
STREET ADDRESS	3436 HAWKS HILL TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	Stephen H. Foley - President
NAME	3940 Leane Drive
STREET ADDRESS	Tallahassee, FL 32309
CITY-ST-ZIP	
TITLE	Barbara Kadtis - VP
NAME	187 Meridiana Drive
STREET ADDRESS	Tallahassee, FL 32312
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 #