

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771337

**Entity Name:** TALLAHASSEE SOCIETY OF ASSOCIATION EXECUTIVES, INC.

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC6466516217**

**Current Principal Place of Business:**

1311-B N.PAUL RUSSELL ROAD  
SUITE 201  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 1139  
TALLAHASSEE, FL 32302 US

**FEI Number: 59-2368120**

**Certificate of Status Desired: No**

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

SCHEFF, JANETTE M  
1311-B N. PAUL RUSSELL ROAD  
SUITE 201  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name KRING, DEE  
Address 125 S. GADSDEN ST.  
City-State-Zip: TALLAHASSEE FL 32302

Title PRESIDENT  
Name MATTHEWS, GENA  
Address 218 S. MONROE ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title VP  
Name WINN, MICHELLE  
Address 2007 APALACHEE PKWY.  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT-ELECT  
Name CHRISTY, STACEY  
Address P O BOX 1219  
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER  
Name WASHINGTON, LATOYA  
Address 100 S. MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY  
Name RAY KIMBALL  
Address P O BOX 1779  
City-State-Zip: TALLAHASSEE FL 32302

*I hereby 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 all other like empowered.*

**SIGNATURE: JANETTE M. SCHEFF**

**EXECUTIVE DIRECTOR**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date