

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008669

**Entity Name:** TALLAHASSEE DUPLICATE BRIDGE CLUB, INC.

**Current Principal Place of Business:**

1400 N MONROE ST  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1400 N MONROE ST  
TALLAHASSEE, FL 32303 US

**FEI Number:** 23-7355191

**Certificate of Status Desired:** No

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

LABAT, DAVID J  
156 LOVE RIDGE COURT  
TALLAHASSEE, FL 32312 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:** DAVID J LABAT

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRAUNKE, CONNIE PRESIDENT  
Address        3094 WHITE IBIS WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            LABAT, DAVID J  
Address        156 LOVE RIDGE CT  
City-State-Zip: TALLAHASSEE FL 32312

Title            BOARD MEMBER  
Name            KLEIN, SHELLEY  
Address        3315 PIPING ROCK STREET  
City-State-Zip: TALLAHASSEE FL 32309

Title            D  
Name            POTTER, PHILLIP  
Address        3592  
                  GARDENVIEW DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title            OTHER  
Name            MCCOLSKEY, DALE  
Address        417 CASTLETON CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title            VICE-PRESIDENT  
Name            FORMAN, ROY  
Address        2589 NOBLE DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            TESON, FERNANDO  
Address        1001 GARDENIA DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title            DIRECTOR  
Name            GERATO, ERASMO  
Address        903 HILL ROOST ROAD  
City-State-Zip: TALLAHASSEE FL 32312

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*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:** DAVID J LABAT

**TREASURER**

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name TTOILAS, SUSAN  
Address 1700 N MONROE ST.  
STE. 11-155  
City-State-Zip: TALLAHASSEE FL 32303