

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N40053** (3)  
1. Corporation Name  
**THE TALLAHASSEE SCIENTIFIC SOCIETY, INCORPORATED**



Principal Place of Business  
**C/O ANGELA MORRISON  
123 SOUTH CALHOUN ST.  
TALLAHASSEE FL 32301**

Mailing Address  
**C/O ANGELA MORRISON  
123 SOUTH CALHOUN ST.  
TALLAHASSEE FL 32301**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/20/1990</b>		3a. Date of Last Report <b>05/01/1995</b>	
21		26		4. FEI Number <b>59-3128863</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MORRISON, ANGELA C/O HOPPING, BOYD, GREEN AND SAMS 123 SOUTH CALHOUN ST. TALLAHASSEE FL 32301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-statuting)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GILMER, PENNY		1.2 NAME	EDELSON, DAVID			
STREET ADDRESS	3235 ROBINHOOD DR.		1.3 STREET ADDRESS	1107 KENILWORTH ROAD			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL.			
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GREEN, BILL		2.2 NAME				
STREET ADDRESS	123 SOUTH CALHOUN ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HALL, AL		3.2 NAME				
STREET ADDRESS	4335 SHERBORNE RD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, FRANKLIN		4.2 NAME				
STREET ADDRESS	1811 RAA AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LANNUTTI, JOSEPH		5.2 NAME				
STREET ADDRESS	1501 CRESTVIEW AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	DAWSON, JOEL			
STREET ADDRESS			6.3 STREET ADDRESS	1615 SEMINOLE DRIVE			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TALLAHASSEE, FL			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Al Hall 2/26/96 891-5038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)