

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business Mailing Address
C/O ANGELA MORRISON
123 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301 C/O ANGELA MORRISON
123 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301-1596

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 30

3. Date Incorporated or Qualified 09/20/1990 3a. Date of Last Report 03/13/1996
4. FEI Number 59-3128863 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, ANGELA
C/O HOPPING, BOYD, GREEN AND SAMS
123 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000002164700--3
-05/02/97--01148--014
84 City *****61-25 *****61-25
FL Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T EDLSON, DAVID
1107 KENILWORTH RD
TALLAHASSEE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV GREEN, BILL
123 SOUTH CALHOUN ST.
TALLAHASSEE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP HALL, AL
4335 SHERBORNE RD.
TALLAHASSEE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS BROWN, FRANKLIN
1811 RAA AVE
TALLAHASSEE FL
TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D LANNUTTI, JOSEPH
1501 CRESTVIEW AVE
TALLAHASSEE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DAWSON, JOEL
1815 SEMINOLE DR
TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DIRECTOR
THAGARD, DR. NORMAN
502 NORTH RIDGE
TALLAHASSEE, FL 32303
DBS-1-97

14. I do 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 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1997

Date

891-5038

Daytime Phone #0007841

CR2E037 (9/96)