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Mar 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

09/20/1990

4. FEI Number

59-3128863

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

84 City

FL

85 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 EDelson, DAVID
STREET ADDRESS 1107 KENILWORTH RD
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE DT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DV GREEN, BILL
STREET ADDRESS 123 SOUTH CALHOUN ST.
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DP HALL, AL
STREET ADDRESS 4335 SHERBORNE RD.
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE DV ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DS BROWN, FRANKLIN
STREET ADDRESS 1811 RAA AVE
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D THAGARD, DR. NORMAN
STREET ADDRESS 502 NORTH RIDE
CITY-ST-ZIP TALLAHASSEE FL 32303

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D DAWSON, JOEL
STREET ADDRESS 1615 SEMINOLE DR
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: David Edelson, DAVID EDELSON, TREAS 2/28/98 8503850778

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