

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 18 PM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005145 (8)

1. Corporation Name  
TALLAHASSEE LENDERS' CONSORTIUM, INC.

Principal Place of Business Mailing Address  
1219 1/2 MICCOSUKEE TALLAHASSEE FL 32308 US  
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3. Date Incorporated or Qualified 11/16/1993  
3a. Date of Last Report 06/01/1994  
4. FEI Number 59-3212709 Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
MAHLERT, DAVE  
1219 1/2 MICCOSUKEE RD.  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, EDWINA	1.2 NAME	
STREET ADDRESS	608 FANCEE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	32310
TITLE	PD	2.1 TITLE	P/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLANDER, BETTY	2.2 NAME	
STREET ADDRESS	C/O GUARANTY BANK, 111 S. MONROE ST	2.3 STREET ADDRESS	2316 S. Monroe St.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	32301
TITLE	D	3.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTMAN, DOROTHY	3.2 NAME	
STREET ADDRESS	2051 THOMASVILLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	32312
TITLE	D	4.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, PENNY	4.2 NAME	
STREET ADDRESS	300 S ADAMS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	V/Tr/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Hinson, Terence
STREET ADDRESS		5.3 STREET ADDRESS	1540-A S. Adams St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee-FL-32301
TITLE		6.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Franklin, Penny
STREET ADDRESS		6.3 STREET ADDRESS	c/o Peoples First Community, PO Box 13895
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee-FL-32317

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Gillander, Betty Gillander 4/13/95 (904)878-5016  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date (Daytime Phone #)

N93000005145

List of Trustees

D	TR	Change
Dann, Robert		
2840 D Remington Green Circle		
Tallahassee FL 32308		

Tr		Addition
Davis, Sara		
c/o Barnett Bank of Tallahassee, PO Box 5257		
Tallahassee FL 32314		