

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000005145 (8)
1. Corporation Name
TALLHASSEE LENDERS' CONSORTIUM, INC.



Principal Place of Business: 1219 1/2 MICCOSUKEE TALLHASSEE FL 32308 US
Mailing Address: 1219 1/2 MICCOSUKEE TALLHASSEE FL 32308-5007 US

3. Date Incorporated or Qualified: 11/16/1993
3a. Date of Last Report: 06/25/1996

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

4. FEI Number: 59-3212709
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
KETCHAM, PATTI
1219 1/2 MICCOSUKEE RD
TALLHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700002213257
-06/16/97--0116--025
84 City: ***61.25 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, MARTHA	
STREET ADDRESS	1301 METROPOLITAN BLVD	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	PTR	<input checked="" type="checkbox"/> DELETE
NAME	GILLANDER, BETTY	
STREET ADDRESS	2316 S MONROE STREET	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	VTR	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, SARA	
STREET ADDRESS	315 S CALHOUN ST	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	PTR	<input checked="" type="checkbox"/> DELETE
NAME	HERMAN, PENNY	
STREET ADDRESS	1506 MARION AVENUE	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	STR	<input checked="" type="checkbox"/> DELETE
NAME	DANN, BOBBY	
STREET ADDRESS	1298 TIMBERLANE RD	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	TTR	<input checked="" type="checkbox"/> DELETE
NAME	GILLANDER, BETTY	
STREET ADDRESS	1706 W TENNESSEE ST	
CITY-ST-ZIP	TALLHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Smith, Vereen, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.O. Box 900 N/A	
1.3 STREET ADDRESS	Tallahassee, FL 32302	
1.4 CITY-ST-ZIP	Tallahassee, FL 32302	
2.1 TITLE	Harrison, Dan, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1859-B Capital Circle NE	
2.3 STREET ADDRESS	Tallahassee, FL 32308	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE	Walker, Shirley, JT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3522 Thomasville Rd.	
3.3 STREET ADDRESS	Tallahassee, FL 32308	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE	Rob Reister, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	7594 Skipper Lane	
4.3 STREET ADDRESS	Tallahassee, FL 32311	
4.4 CITY-ST-ZIP	Tallahassee, FL 32311	
5.1 TITLE	Diane Riedel, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2807 Remington Green Circle	
5.3 STREET ADDRESS	Tallahassee, FL 32308	
5.4 CITY-ST-ZIP	Tallahassee, FL 32308	
6.1 TITLE	Oral Payne, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1540 S. Adams St., Suite A	
6.3 STREET ADDRESS	Tallahassee, FL 32301	
6.4 CITY-ST-ZIP	Tallahassee, FL 32301	

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.

CR2E037 (9/96)

[Handwritten signatures and notes]