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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005145 (8)**

1. Corporation Name

TALLAHASSEE LENDERS' CONSORTIUM, INC.



Principal Place of Business 1219 1/2 MICCOSUKEE TALLAHASSEE FL 32308 US	Mailing Address 1219 1/2 MICCOSUKEE TALLAHASSEE FL 32308 US
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3. Date Incorporated or Qualified 11/16/1993
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4. FEI Number 59-3212709	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 1114 EAST TENNESSEE ST Suite, Apt. #, etc.	2a. Mailing Address 26 1114 EAST TENNESSEE ST Suite, Apt. #, etc.
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL
Zip 24 32308	Country 25 US
Zip 29 32308	Country 30 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KETCHAM, PATTI
1219 1/2 MICCOSUKEE RD
TALLAHASSEE FL 32308**

81 Name KETCHAM, PATTI
82 Street Address (P.O. Box Number is Not Acceptable) 1114 EAST TENNESSEE ST
83
84 City TALLAHASSEE
85 Zip Code FL 32308

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 Sections 617.0503, Florida Statutes.

SIGNATURE *Patti E. Ketcham* **PATTI KETCHAM, DIRECTOR** DATE **3/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, VEREEN		1.2 NAME	
STREET ADDRESS P.O. BOX 900 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32302		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRISON, DAN		2.2 NAME	
STREET ADDRESS 1859-B CAPITAL CIRCLE NE		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, SHIRLEY		3.2 NAME	
STREET ADDRESS 3522 THOMASVILLE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REISTER, ROB		4.2 NAME	
STREET ADDRESS 7594 SKIPPER LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32311		4.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIEDEL, DIANE		5.2 NAME	
STREET ADDRESS 2807 REMINGTON GREEN CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAYNE, ORAL		6.2 NAME	
STREET ADDRESS 1540 S. ADAMS ST., SUITE A		6.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		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: *Patti E. Ketcham* **PATTI E. Ketcham** **1/2/98 (850) 656-8686**

CR2E037 (10/97)