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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005145

1. Corporation Name
TALLAHASSEE LENDERS' CONSORTIUM, INC.

Principal Place of Business	Mailing Address
1114 EAST TENNESSEE ST TALLAHASSEE FL 32308 US	1114 EAST TENNESSEE ST TALLAHASSEE FL 32308 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/16/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3212709 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KETCHAM, PATTI
1114 EAST TENNESSEE ST
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	V	☐ Change ☑ Addition
NAME	SMITH, VEREEN		1.2 NAME	Tommie Cochran	
STREET ADDRESS	P.O. BOX 900 N/A		1.3 STREET ADDRESS	2208 Woodlawn Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32302		1.4 CITY-ST-ZIP	Tallahassee FL 32303-3915	
TITLE	VP	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	HARRISON, DAN		2.2 NAME	Thurman Custis	
STREET ADDRESS	1859-B CAPITAL CIRCLE NE		2.3 STREET ADDRESS	833 Liberty Street	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	Tallahassee FL 32310	
TITLE	T	☑ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME	WALKER, SHIRLEY		3.2 NAME	Byron Pottor	
STREET ADDRESS	3522 THOMASVILLE ROAD		3.3 STREET ADDRESS	3522 Thomasville Road	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	T	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	REISTER, ROB		4.2 NAME	Irene Baines	
STREET ADDRESS	7594 SKIPPER LANE		4.3 STREET ADDRESS	4049 Kilmartin Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32311		4.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	T	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	RIEDEL, DIANE		5.2 NAME	Sharon Weeden	
STREET ADDRESS	2807 REMINGTON GREEN CIRCLE		5.3 STREET ADDRESS	2720 West Tennessee Street	
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP	Tallahassee FL 32304	
TITLE	T	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	PAYNE, ORAL		6.2 NAME	Faye Lamb	
STREET ADDRESS	1540 S. ADAMS ST., SUITE A		6.3 STREET ADDRESS	1170 Capital Circle, NE	
CITY-ST-ZIP	TALLAHASSEE FL 32301		6.4 CITY-ST-ZIP	Tallahassee FL 32301	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #