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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # N9400000811 (9)  TALLAHASSEE BARE-DEVILS, INCORPORATED											
Principal Place of Business Mailing Address  P.O. BOX 6866 TALLAHASSEE FL 32314  Mailing Address  P.O. BOX 6866 TALLAHASSEE FL 32314								. HERKING OID HOUR DIDIN DONIN DONING OR	TO HAND THE		EL UNIÓN NIÓN YÓÐI
					32314						
								3. Date Incorporated or Qualified 02/14/1994		e of Last 04/26/1	
2. Principal Place of Business			<b>├</b> ──	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			4. FEI Number		Applied For		
Suite Ant	Suite, Apt. #, etc.							59-3303901	Not Applicable		Not Applicable
2			27					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State						6. Election Campaign Financing			\$5.00 May Be	
Zip		Country	20	Zip	I	Country		Trust Fund Contribution			d to Fees
4	2	أ أ	29	·	30			This corporation has liability for in Florida Statutes	ntangible tax	junder s. No	199.032,
	9. Name a	nd Address of Curr	ent Regis	tered Agent				10. Name and Address of New Re	gistered A	gent	
						81	Name		<del></del>	<del>*</del>	<u>.</u>
LEVALLI	EY, PAUL					82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
909 STILL COURT											
TALLAH	VASSEE FL 32	310				83					
						84	City	***	<u> </u>	<b>85</b> Zic	Code
	4										
11. Pursuant i	to the provision	s of Sections 617.05	02 and 61	7 1508 Florida S	tatutos the	a abovo n	omad corce	ration a back this state of the	<u>FL</u>	<u>.                                    </u>	
11. Pursuant to or register familiar with	to the provisionared agent, or bo	s of Sections 617.05	02 and 617 orida. Such	7.1508, Florida Si r change was autl	tatutes, the	above-n the corpo	named corpor oration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of chan	ging its re egistered	egistered office agent. I am
	to the provision red agent, or bo ith, and accept	s of Sections 617.05 th, in the State of Flo the obligations of, Se	02 and 617 orida. Such ection 617.0	7.1508, Florida Si n change was autl 0503, Florida Stat	tatutes, the horized by tutes.	above-n the corpo	named corpor oration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of chan ntment as re	lging its re egistered	egistered office agent. I am
SIGNATURE		rinted name of registered ag	ect and title if a	applicable				ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of chan ntment as n	ging its re	egistered office agent. I am
SIGNATURE	Signature, typed or p		ect and title if a	applicable CTORS	(NOTE: Fleg			d when reinstating)	ose of chan ntment as re		
SIGNATURE .	Signature, typed or p	rnted name of registered ag OFFICERS A	ect and title if a	applicable	(NOTE: Fleg	istered Agen			ose of chan ntment as n DATE DERS AND I		
SIGNATURE .  12.  TITLE NAME	Signature, typed or p PD LEVALLEY	OFFICERS A	ect and title if a	applicable CTORS	(NOTE: Fleg	13. 1.1 TITLE 1.2 NAME	I signature required	d when reinstating)	ose of chan ntment as n DATE DERS AND I	DIRECTO	RS IN 12
SIGNATURE .  12.  TITLE  NAME  STREET ADDRESS	PD LEVALLEY 909 STILL	OFFICERS A  , PAUL COURT	ect and title if a	applicable CTORS	(NOTE: Fleg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	I signature required	d when reinstating)	ose of chan ntment as n DATE DERS AND I	DIRECTO	RS IN 12
SIGNATURE .  12.  TITLE T  NAME  STREET ADDRESS  CITY-ST-ZIP	PD LEVALLEY 909 STILL TALLAHAS	OFFICERS A  , PAUL COURT	ect and title if a	auplicative CTORS DELETE	(NOTE: Fleg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S	I signature required	d when reinstating)	DATE  DERS AND [	DIRECTO Change	FIS IN 12
SIGNATURE .  12.  IIILE VAME  STREET ADDRESS CITY-ST-ZIP  IIILE	PD LEVALLEY 909 STILL TALLAHAS	OFFICERS A  , PAUL COURT	ect and title if a	applicable CTORS	(NOTE Fleg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	I signature required	d when reinstating)	DATE  DERS AND [	DIRECTO	RS IN 12
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