

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004745

1. Entity Name

TALLAHASSEE AREA CHAPTER OF THE NATIONAL INSTITU

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90100 029 ****61.25

Principal Place of Business PO BOX 922 TALLAHASSEE FL 32302-0922	Mailing Address PO BOX 922 TALLAHASSEE FL 32302-0922
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 31-1578267	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

WRIGHT, ARTHUR E
 1649 COPPERFIELD CIR
 TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name **Clark Rogers**
 Street Address (P.O. Box Number is Not Acceptable) **790 Blueberry Drive**
 City **Grand Ridge FL** Zip Code **32442**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]* DATE **04/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, ARTHUR E	
STREET ADDRESS	1649 COPPERFIELD CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALCORN, GWEN MS.	
STREET ADDRESS	2640 NEZ PERCE TRL	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROGERS, CLARK	
STREET ADDRESS	469 COPPERWOOD RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORBETT, STATTEN W	
STREET ADDRESS	4200 GARRISON RD	
CITY-ST-ZIP	PANAMA CITY FL 32404-9222	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIXON, RHONDA	
STREET ADDRESS	3645 KILLARNEY PL DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark Rogers	
STREET ADDRESS	790 Blueberry Drive	
CITY-ST-ZIP	Grand Ridge FL 32442	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Callaway	
STREET ADDRESS	6416 Kingman Trail	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Sweet	
STREET ADDRESS	825 Ingleside Avenue	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Vown	
STREET ADDRESS	RR 3 Box 140-02	
CITY-ST-ZIP	Monticello FL 32344	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Wright	
STREET ADDRESS	1649 Copperfield Circle	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gwen Alcorn	
STREET ADDRESS	2640 Nez Perce Trail	
CITY-ST-ZIP	Tallahassee FL 32303	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/26/00** DAYTIME PHONE #: **850 921 7362**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)