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*-NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000005145

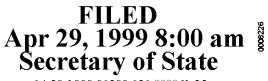
1. Corporation Name

TALLAHASSEE LENDERS' CONSORTIUM, INC.

Princ	ipal P	ace	of	Busin	10 SS
1114	EAST	TEN	INE	SSEE	ST
TALL	AHASS	EE	FL	32308	

Mailing Address

1114 EAST TENNESSEE ST



04-29-1999 90299 020 ****61.25



TALLAHASSEE FL 32308		TALLAHASSEE FL 32308						
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						_		
2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			11/16/1993	_		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For	╛		
22		27			59-3212709 Not Applicable	,		
City & State	9 -	City & State			\$8.75 Additional			
=- <u>-</u>		28			5. Certificate of Status Desired Fee Required	- -		
Zip	Country	Zip			6. Election Campaign Financing 55.00 May Be			
¬ '	~~~ ·	⊢ `	30		Trust Fund Contribution Added to Fees			
24	9. Name and Address of Current				10. Name and Address of New Registered Agent	┑		
	5. Name and Address of Current	Registered Agent	81					
•			170					
KETCHAM	, PATTI	•	82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
	t tennessee st			ļ				
TALLAHAS	SSEE FL 32308		83					
	1993 - 1987 A. S. SAR E.		84	City	85 Zip Code	╛		
	inderform i grafik sekin og i førsti. Hovere i Ettil skelt			0.1.9	FL T	_		
11. Pursuant		and 617.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of changing its registered	٦		
office or r	egistered agent, or both, in the State of	Florida. Such change was auth	orized by	the corpo	oration's board of directors. I hereby accept the appointment as registered			
		ons of, Section 617.0503, Florida	a Statutes	•				
SIGNATURE	B. POTANCENTS !-				required when reinstating) DATE			
	Signature, typed or printed name of registered agent	(13.	nt segnature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv		
12.	OFFICERS AND	DIRECTORS			Change Addition			
TITLE	P	LD DELETE	1.1 TITLE		Town in Cock COA	"		
NAME	SMITH, VEREEN		1.2 NAME		Tommie Cochran 2208 Woodlawn Drive			
STREET ADDRESS			1.3 STREE	TADDRESS	2205 WOOK IA WITCH TO	-		
CITY-ST-ZIP	TALLAHASSEE FL 32302		1.4 CITY-S	T-ZIP	Tallahassee FL 32303-3915	4		
TITLE			2.1 TITLE		☐ Change ☐ Additio	n		
NAME	HARRISON, DAN		2.2 NAME		Thurman Custis,	ŀ		
STREET ADDRESS	TO DO CADITAL OIDOLE ME		2.3 STREET ADDRESS 8		833 Liberty Street			
			2, 4 CITY-5	T. 7IP	Tallahassee FL 32310	- }		
CITY-ST-ZIP			3.1 TITLE) I (LI)	Change - Addition	'n		
			3.2 NAME		Buron Pottor			
NAME	ANGINET, OTHER		3.3 STREET ADDRESS 3.5		3522 Thomas ville Road			
STREET ADDRESS			3.3 STREET ADDRESS		Tallahassee FL 32308			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Tallahassee FL 32308	_		
TITLE	T DELETE 4		4.1 TITLE		2	"		
NAME REISTER, ROB		4. 2 NAME		Irene baines	- {			
STREET ADDRESS 7594 SKIPPER LANE		4.3 STREE	TADDRESS	4049 Kilmartia Drive				
CITY-ST-ZIP	TALL ALLA COFF FL 00044		4.4 CITY-S	T-ZIP	Tallahassee FC 32308	_		
TITLE	T DELETE		5.1 TITLE		Change LAddition	n)		
NAME RIEDEL DIANE		5.2 NAME		sharon weeden . ,	}			
THE PERSON OF THE OPEN OF THE PERSON OF THE		5.3 STREE	TADORESS	2720 West Tennessee Street	·			
TALL 444 00FF FL 00000		5.4 CITY-S		Tallahassee FL 32304				
CITY-ST-ZIP TALLAHASSEE FL 32308		6.1 TITLE	,- <u>L</u> IF	D Change PAddition	뉘			
TITLE	_ =====				Faye Lamb	"		
NAME PAYNE, ORAL		6.2 NAME		Tage came				
STREET ADDRESS 1540 S. ADAMS ST., SUITE A			6.3 STREE	TADDRESS	1170 Capital Circle, NE			
	l				: Traile 1. Lean and 177 / 3 K (17 C)	- 1		

14. I hereby certify that the information supplied with this filling 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 of supplemental agricular 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. CITY-ST-ZIP TALLAHASSEE FL 32301

RE REQUIRED SIGNATURE: >