


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

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

0006226

NON-PROFIT 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 1114 EAST TENNESSEE ST TALLAHASSEE FL 32308 US			Mailing Address 1114 EAST TENNESSEE ST TALLAHASSEE FL 32308 US		



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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KETCHAM, PATTI 1114 EAST TENNESSEE ST TALLAHASSEE FL 32308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

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

CR2E037 (11/98)