

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000005677

1. Corporation Name

NSBE TALLAHASSEE ALUMNI EXTENSION, INC.

Principal Place of Business

3943 MAGELLAN TRAIL
TALLAHASSEE FL 32303

Mailing Address

3943 MAGELLAN TRAIL
TALLAHASSEE FL 32303

FILED

99 SEP 13 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

59-3413654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PARKER-GARVIN, WANDA
3943 MAGELLAN TRAIL
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600002989336--3

83

-09/17/99--01007--006

84 City

*****61.25 13**61.25

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

Wanda Parker-Garvin

(NOTE: Registered Agent signature required when reinstating)

9/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE CH-P ☐ DELETE

NAME PARKER-GARVIN, WANDA
STREET ADDRESS 3943 MAGELLAN TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ST ☐ DELETE

NAME ASHWOOD, JANET
STREET ADDRESS P.O. BOX 5232 N A
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE TT ☒ DELETE

NAME REED, TERENCE
STREET ADDRESS 2273 S. BYRON BUTLER #4-C
CITY-ST-ZIP PERRY FL 32347

TITLE VP T ☒ DELETE

NAME OKONKWO, PETER
STREET ADDRESS P.O. BOX 5433 N A
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CH-P ☐ Change ☒ Addition

1.2 NAME Alecia Lewis
1.3 STREET ADDRESS P.O. Box 6221
1.4 CITY-ST-ZIP Tallahassee, FL. 32308

2.1 TITLE ST ☐ Change ☒ Addition

2.2 NAME Jeanne Banks
2.3 STREET ADDRESS 5043 B Leah Lane
2.4 CITY-ST-ZIP Tallahassee, FL. 32303

3.1 TITLE TT ☒ Change ☐ Addition

3.2 NAME Wanda Parker-Garvin
3.3 STREET ADDRESS 3943 Magellan Trail
3.4 CITY-ST-ZIP Tallahassee, FL. 32303

4.1 TITLE VP T ☒ Change ☐ Addition

4.2 NAME Janet Ashwood
4.3 STREET ADDRESS P.O. Box 5232
4.4 CITY-ST-ZIP Tallahassee, FL. 32314

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Wanda Parker-Garvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99 (850) 921-9388

Daytime Phone #

0000021

CR2E037 (5/99)