

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011120

Entity Name: NABSTMC TALLAHASSEE FLORIDA INC CHAPTER**Current Principal Place of Business:**2385 MCWEST ST
TALLAHASSEE, FL 32303**Current Mailing Address:**P.O. BOX 13353
TALLAHASSEE, FL 32317-3353**FEI Number:** 20-3713993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEELY, PHILLIP
2385 MCWEST ST
TALLAHASSEE, FL 32303 US*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:** PHILLIP NEELY

01/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ELLIS, CHARLES
Address 8250 JAMES STREET
City-State-Zip: PANAMA CITY FL 32404

Title TREASURER
Name NEELY, PHILLIP
Address 2385 MCWEST STREET
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY
Name JONES, RASHELLE NEELY-
 SECRETARY
Address 3818 ROSWELL DR
City-State-Zip: TALLAHASSEE FL 32310

Title VICE PRESIDENT
Name JONES, ERNEST
Address 3818 ROSWELL DR
City-State-Zip: TALLAHASSEE FL 32310

Title SERGEANT AT ARMS
Name WILKERSON, TONY
Address 635 STILES AVE
City-State-Zip: TALLAHASSEE FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP NEELY**TREASURER**

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date