2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005145

Entity Name: TALLAHASSEE LENDERS' CONSORTIUM, INC.

FILED Feb 07, 2024 Secretary of State 9056674006CC

Current Principal Place of Business:

224 OFFICE PLAZA TALLAHASSEE, FL 32301

Current Mailing Address:

224 OFFICE PLAZA

TALLAHASSEE. FL 32301 US

FEI Number: 59-3212709 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, KAREN BUTLER 224 OFFICE PLAZA TALLAHASSEE, FL 32301 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: KAREN BUTLER MILLER 02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR	Title	PRESIDENT
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NameFORD, TORREYNameLANE, ROBERT GREGORYAddress7914 MCCLURE DRIVEAddress1622 EAGLES WATCH WAYCity-State-Zip:TALLAHASSEE FL 32301City-State-Zip:TALLAHASSEE FL 32301

Title TREASURER Title DIRECTOR

NameKANE, JACKNameRICHARDSON, CURTISAddress4004 NORTON LANE, SUITE 104Address533 TUSKEGEE STREETCity-State-Zip:TALLAHASSEE FL 32308City-State-Zip:TALLAHASSEE FL 32305

Title VP Title SECRETARY

NameHAWKINS, BRENDANameBROWN, CHERYL COLLIERAddress1014 SILVER RIDGE DRIVEAddress217 W. BREVARD ST.City-State-Zip:TALLAHASSEE FL 32305City-State-Zip:TALLAHASSEE FL 32301

Title DIRECTOR Title DIRECTOR

NameHEWITT, LAURA JONameGRIFFIN, SHERIA BUTLERAddress1471 TIMBERLANE ROADAddress1519 CHINA GROVE TRAILCity-State-Zip:TALLAHASSEE FL 32312City-State-Zip:TALLAHASSEE FL 32301

Continues on page 2

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: ROBERT GREGORY LANE

PRESIDENT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LYNCH, MICHELE Name MOORE, WILLIAM BILL

Address 1400 EAST PARK AVENUE Address 601 NORTH MONROE STREET

City-State-Zip: TALLAHASSEE FL 32301

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