

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005145

Entity Name: TALLAHASSEE LENDERS' CONSORTIUM, INC.**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:**LANE, LIBBY
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BAGGETT, BRIAN
Address 1400 E. PARK AVE
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT
Name FORD, TORREY
Address 7914 MCCLURE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name HENRY, KARLUS
Address 3121 PONTIAC DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BELLAMY, JIM
Address 224 OFFICE PLAZA
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name CAPPS, PATSY
Address 4027 SWIFT WAY
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name WILLIAMS, IRANETTA
Address 1700 JOE LOUIS STREET
#40
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name MOORE, TIFFANY
Address 201 SOUTH MONROE STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BERGMAN, LINDA
Address P.O. BOX 2275
City-State-Zip: TALLAHASSEE FL 32316

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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: TORREY FORD**PRESIDENT****01/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LANE, GREGORY
Address 1622 EAGLES WATCH WAY
City-State-Zip: TALLAHASSEE FL

Title DIRECTOR
Name WILLIAMS, ALAN
Address 1201 STONY CREEK WAY SUITE 300
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name TUCKER, TAMMY
Address 828 MEDICAL COMMONS COURT
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR
Name EDWARDS, , TALETHIA
Address 1802 SAXON SHEET
City-State-Zip: TALLAHASSEE FL 32310