

2022 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:

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

01/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAGGETT, BRIAN
Address 224 OFFICE PLAZA
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name FORD, TORREY
Address 7914 MCCLURE DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name LANE, GREGORY
Address 1622 EAGLES WATCH WAY
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name KANE, JACK
Address 4004 NORTON LANE, SUITE 104
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name RICHARDSON, CURTIS
Address 533 TUSKEGEE STREET
City-State-Zip: TALLAHASSEE FL 32305

Title SECRETARY
Name HAWKINS, BRENDA
Address 1014 SILVER RIDGE DRIVE
City-State-Zip: TALLAHASSEE FL 32305

Title DIRECTOR
Name BROWN, CHERYL COLLIER
Address 217 W. BREVARD ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name HEWITT, LAURA JO
Address 1471 TIMBERLANE ROAD
City-State-Zip: TALLAHASSEE FL 32312

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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: BRIAN BAGGETT

PRESIDENT

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRIFFIN, SHERIA BUTLER
Address 1519 CHINA GROVE TRAIL
City-State-Zip: TALLAHASSEE FL 32301