

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005145

FILED
Apr 15, 2013
Secretary of State
CC8268466903

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: No

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

Title VP
Name GRIFFIN, TERRI
Address 2073 SUMMIT LAKE DR, SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

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

Title D
Name CLAYTOR, MARLENE
Address 2803 SAIL COURT
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name PALMER SMITH, KARA
Address 1549 MERRY OAKS COURT
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY
Name FORD, TORREY
Address 1320 HENDRIX RD #304
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name ACOFF, EDWARD
Address 1422 NANCY DR
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name PELHAM, KIMBERLY
Address 601 N MONROE ST
City-State-Zip: TALLAHASSEE FL 32303

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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

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name THOMPSON, SUSAN

Address 3520 THOMASVILLE RD 4TH FLOOR

City-State-Zip: TALLAHASSEE FL 32309