

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005145

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**5560900285CC**

**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

01/27/2021

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

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

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

**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:** BRIAN BAGGETT

PRESIDENT

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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