

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005145

FILED
Feb 25, 2014
Secretary of State
CC7069499115

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

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

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

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

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

Title SECRETARY
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

Title DIRECTOR
Name MCDONALD, WALTER
Address 3217 JIM LEE ROAD
City-State-Zip: TALLAHASSEE FL 32301

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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

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, VINCE
Address P. O. BOX 101
City-State-Zip: WOODVILLE FL 32362