

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005145

FILED
Jan 04, 2019
Secretary of State
7257921843CC

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

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

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

Title DIRECTOR
Name BELLAMY, JIM
Address 532 WEST GEORGIA STREET
City-State-Zip: TALLAHASSEE FL 32301

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

Title TREASURER
Name KANE, JACK
Address 2721 CAPITAL CIRCLE N.E.
City-State-Zip: TALLAHASSEE FL 32308

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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: KARLUS HENRY

PRESIDENT

01/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PUCKETT, ERICA
Address 1413 COLEMAN STREET
City-State-Zip: TALLAHASSEE FL 32303

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

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