

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005145

**FILED**  
**Jan 05, 2016**  
**Secretary of State**  
**CC2959054446**

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

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

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

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

Title DIRECTOR  
Name WILLIAMS, IRANETTA  
Address 1700 JOE LOUIS STREET #40  
City-State-Zip: TALLAHASSEE FL 32304

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

Title DIRECTOR  
Name MOORE, TIFFANY  
Address 201 SOUTH MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name BELLAMY, JIM  
Address 224 OFFICE PLAZA  
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:** TORREY FORD

**PRESIDENT**

**01/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            BERGMAN, LINDA

Address        P.O. BOX 2275

City-State-Zip: TALLAHASSEE FL 32316