FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

377639

(0)

DOWNTOWN TALLAHASSEE ATHLETIC CLUB, INC.

Principal Place of Business Mailing Address 306 EAST COLLEGE AVENUE 306 EAST COLLEGE AVENUE TALLAHASSEE EL 32301



com	OLL 16 06001	MALLANAGGEE PL S	e J UI			
					3. Date Incorporated or Qualified 02/23/1971	3a. Date of Last Report 04/24/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
[21]		26			59-1441365	Not Applicable
Suito, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		Ch. 8 State			Fee Required	
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζip	Country	Zip	Cour	try	8. This corporation has liability for i	
24	[25]	29	30		X	□ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent
11000	5 50045 14		<u>'</u> '	Name		
MOORE, EDGAR M. 306 EAST COLLEGE AVENUE				32 Street Ad	doress (P.O. Box Number is Not Acceptable	e)
				20	032-D Thomasville	Road
TALLAHASSEE FL 32301				Tallahassee, FL 32312		
			l _i	34 City	arranabbee, ra	32312 85 Zip Code
i con regionale	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Such change was aumonze	ea by the ce	e-named corp rporation's b	poration submits this statement for the purposerd of directors. I hereby accept the appo	pose of changing its registered office intrnent as registered agent. I am
SIGNATURE -	Signature, typed or printed name of registered agent a	nd tite if applicable. (NOT	E: Registered A	gent signature requ	lired when reinstating:	DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1. 1 TIT	.E		Change Addition
NAME	Moore, Edgar M.		1.2 NAM	re		x . –
STREET ADDRESS	306 E. COLLEGE AVENUE		1.3 STR	ET ADDRESS	2032-D Thomasville	a Road
CITY-SI-ZIF	TALLAHASSEE FL		1.4 C(T)	-ST-ZIP	Tallahassee, Flor	
TITLE	TD	☐ DELETE	2. 1 TH		Tallanassee, Flor	Change Addition
NAME	MCGOWAN, LEON R.		2 2 NAM	ie		
STREET ADDRESS	519 NORTH RIDE		2.3 STR	ET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY	-ST-ZIP		
TITLE	VD	DELETE	3. 1 TITE			Change Addition
NAME	Waddill, Ben T., Jr.		3 2 NAM	E		* XX
STREET ADDRESS	3375-D CAPITAL CIRCLE NE		3 3. STR	EET ADDRESS	211 John Knox Road	1 Suite 106
CITY-ST-ZIP	TALLAHASSEE FL		3.4 DITY	-ST-ZIP	Tallahassee, Flor	ide 32303
TITLE		☐ DELETE	4. 1 TiTL			Change Addition
NAME			4.2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		1
CITY-ST-ZIP			4.4 CITY	- ST- ZIP		
TITLE		□ DELETE	5. 1 TITL			Change Addition
NAME			5.2 NAM	.		
STREET ADDRESS			i i	ET ADDRESS		i
CHTY-ST-ZIP			5.4 CITY	i		ľ
THTLE		☐ DELETE	6. 1 TITL			Change Addition
NAME			6.2 NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-S1-ZIP			64 CITY			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-/K-96 (10K) 386-9333