

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718379 (1)

1. Corporation Name

ALTRUSA CLUB OF TALLAHASSEE, FLORIDA, INC.



300001863353
-06/17/96--01024--017

Principal Place of Business

Mailing Address

3640 HALL LANDING RD
TALLAHASSEE FL 32310
US

3640 HALL LANDING RD
TALLAHASSEE FL 32310
US

3. Date of Incorporation or Qualified
04/20/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

32301

30

USA

4. FEI Number
59-2354787

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOFF, LINDA G
3307 WHIRLAWAY TRAIL
TALLAHASSEE FL 32308

81 Name
DONNA J DYE

82 Street Address (P.O. Box Number is Not Acceptable)
460 MERLIN COURT

83

84 City
TALLAHASSEE

FL

85 Zip Code
32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Donna J Dye

Donna J Dye Pres.

05/05/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KNOFF, LINDA G
STREET ADDRESS 3307 WHIRLAWAY TRAIL
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPD ☐ DELETE

NAME GRIFFITH, SHARON
STREET ADDRESS 3311 VAILLON CT
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPD ☐ DELETE

NAME THOMA, CAROL
STREET ADDRESS 3412 VALLEY CREEK DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☒ DELETE

NAME SUTHERLAND, LORI
STREET ADDRESS 2825 ROSCOMMON DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE RS ☒ DELETE

NAME NANCY, BARBARA
STREET ADDRESS 1125 WINFRED DR
CITY-ST-ZIP SOPCHOPPY FL

TITLE CS ☒ DELETE

NAME RENNICK, ROBYN
STREET ADDRESS 4745 CENTERVILLE RD
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES ☒ Change ☐ Addition

1.2 NAME DYE, DONNA J
1.3 STREET ADDRESS 460 MERLIN COURT
1.4 CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE VICEPRES ☒ Change ☐ Addition

2.2 NAME SCAFIDI, BRENDA G
2.3 STREET ADDRESS 706 BEARD STREET #1
2.4 CITY-ST-ZIP TALLAHASSEE FL 32303

3.1 TITLE VICEPRES ☒ Change ☐ Addition

3.2 NAME SAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

32312

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME KNOFF, LINDA G
4.3 STREET ADDRESS 3307 WHIRLAWAY TRAIL
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32312

5.1 TITLE DIRECTOR ☐ Change ☒ Addition

5.2 NAME GRIFFITH, SHARON
5.3 STREET ADDRESS 3311 VAILLON COURT
5.4 CITY-ST-ZIP TALLAHASSEE, FL 32312

6.1 TITLE DIRECTOR ☐ Change ☒ Addition

6.2 NAME MCLAUGHLIN, HELEN
6.3 STREET ADDRESS 207 BEATY TAFF DRIVE
6.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lorena M Sutherland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96 (904) 893-0346

Date

Daytime Phone

06/04/96 904 878-5178

CR2E037 (12/95)