

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Witham
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: 3640 HALL LANDING RD, TALLAHASSEE FL 32310, US
Mailing Address: 3640 HALL LANDING RD, TALLAHASSEE FL 32310, US

3. Date Incorporated or Qualified: 04/20/1970
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26
Dye, Donna J
Suite, Apt. #, etc.: 27
460 Merlin Court
City & State: 23
Tallahassee, FL
Zip: 24
Country: 25
Country: 29
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
KNOPF, LINDA G
3807 WHIRLAWAY TRAIL
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
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. 09/25/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	KNOPF, LINDA G	
STREET ADDRESS	3307 WHIRLAWAY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/>
NAME	GRIFFITH, SHARON	
STREET ADDRESS	3311 VAILLON CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/>
NAME	THOMA, CAROL	
STREET ADDRESS	3412 VALLEY CREEK DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	SUTHERLAND, LORI	
STREET ADDRESS	2825 ROSCOMMON DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	RS	<input checked="" type="checkbox"/>
NAME	NANCY, BARBARA	
STREET ADDRESS	1125 WINFRED DR	
CITY-ST-ZIP	SOPCHOPPY FL	
TITLE	CS	<input checked="" type="checkbox"/>
NAME	RENNICK, ROBYN	
STREET ADDRESS	4745 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	SAME		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	32312		
4.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	KNOPF, LINDA G		
4.3 STREET ADDRESS	3307 WHIRLAWAY TRAIL		
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312		
5.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	GRIFFITH, SHARON		
5.3 STREET ADDRESS	3311 VAILLON COURT		
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312		
6.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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* 3/30/96 (904) 893-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Donna J Dye DONNA J DYE PRESIDENT 06/04/96 904 878-5178

CR2E037 (12/95)