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May 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 718379 (1)

1. Corporation Name

ALTRUSA CLUB OF TALLAHASSEE, FLORIDA, INC.

Principal Place of Business

Mailing Address

3640 HALL LANDING RD
TALLAHASSEE FL 32310
US

460 MERLIN COURT
TALLAHASSEE FL 32301-3362
US



| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 04/20/1970 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2354787 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYE, DONNA J
460 MERLIN COURT
TALLAHASSEE FL 32301

| | |
|-------------------------------------------------------|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 05/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | P <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DYE, DONNA J | 1.2 NAME | Same |
| STREET ADDRESS | 460 MERLIN COURT | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL 32301 | 1.4 CITY - ST - ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCAFIDI, BRENDA G | 2.2 NAME | Leslie Kitterman |
| STREET ADDRESS | 706 BEARD ST. #1 | 2.3 STREET ADDRESS | 969 Medieval Place |
| CITY - ST - ZIP | TALLAHASSEE FL 32303 | 2.4 CITY - ST - ZIP | Tallahassee, FL 32301 |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMA, CAROL | 3.2 NAME | Lorona M. Sutherland |
| STREET ADDRESS | 3412 VALLEY CREEK DR | 3.3 STREET ADDRESS | 2825 Roscommon Dr |
| CITY - ST - ZIP | TALLAHASSEE FL 32312 | 3.4 CITY - ST - ZIP | Tallahassee, FL 32308 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNOFF, LINDA G | 4.2 NAME | Robyn Rennick |
| STREET ADDRESS | 3307 WHIRLWAY TRAIL | 4.3 STREET ADDRESS | 4745 Centerville Rd |
| CITY - ST - ZIP | TALLAHASSEE FL 32312 | 4.4 CITY - ST - ZIP | Tallahassee, FL 32309 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIFFITH, SHARON | 5.2 NAME | Twi Hitchcock |
| STREET ADDRESS | 3311 VAILLON COURT | 5.3 STREET ADDRESS | 1269 N. Paul Russell Rd |
| CITY - ST - ZIP | TALLAHASSEE FL 32312 | 5.4 CITY - ST - ZIP | Tallahassee, FL 32301 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCLAUGHLIN, HELEN | 6.2 NAME | Carol Thoma |
| STREET ADDRESS | 207 BEATY TAFF DR. | 6.3 STREET ADDRESS | 3412 Valley Creek Dr |
| CITY - ST - ZIP | CRAWFORDVILLE FL 32327 | 6.4 CITY - ST - ZIP | Tallahassee, FL 32312 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lorona M. Sutherland* Lorona M Sutherland 5-16-97 (904) 993-0346
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0007388

CR2E037 (9/96)