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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718379** (1)

1. Corporation Name

ALTRUSA CLUB OF TALLAHASSEE, FLORIDA, INC.



Principal Place of Business 3640 HALL LANDING RD TALLAHASSEE FL 32310 US	Mailing Address 460 MERLIN COURT TALLAHASSEE FL 32301 US
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3. Date Incorporated or Qualified 04/20/1970
4. FEI Number 59-2354787
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 969 Medieval Place Suite, Apt. #, etc. 22	2a. Mailing Address 26 969 Medieval Place Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL Zip 24 32301	City & State 28 Tallahassee, FL Zip 29 32301
Country 25 USA	Country 30 USA

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 Kitterman, Leslie
82 Street Address (P.O. Box Number is Not Acceptable) 969 Medieval Place
83 Tallahassee
84 City 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* *Leslie P. Kitterman* **April 3, 1998**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		
TITLE P	DYE, DONNA J	<input checked="" type="checkbox"/> DELETE
NAME	460 MERLIN COURT	
STREET ADDRESS	TALLAHASSEE FL	
CITY-ST-ZIP		
TITLE VP	KITTERMAN, LESLIE	<input checked="" type="checkbox"/> DELETE
NAME	969 MEDIEVAL PLACE	
STREET ADDRESS	TALLAHASSEE FL	
CITY-ST-ZIP		
TITLE TD	SWTHERLAND, LORENA M	<input type="checkbox"/> DELETE
NAME	2825 ROSCOMMON DR.	
STREET ADDRESS	TALLAHASSEE FL	
CITY-ST-ZIP		
TITLE VP	RENNICK, ROBYN	<input checked="" type="checkbox"/> DELETE
NAME	4745 CENTERVILLE RD.	
STREET ADDRESS	TALLAHASSEE FL	
CITY-ST-ZIP		
TITLE D	HITCHCOCK, TUI	<input checked="" type="checkbox"/> DELETE
NAME	1268 N. PAUL RUSSEL RD.	
STREET ADDRESS	TALLAHASSEE FL	
CITY-ST-ZIP		
TITLE D	THOMA, CAROL	<input checked="" type="checkbox"/> DELETE
NAME	3412 VALLEY CREEK DR.	
STREET ADDRESS	TALLAHASSEE FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE P	Kitterman, Leslie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	969 Medieval Place	
1.3 STREET ADDRESS	Tallahassee, FL 32301	
1.4 CITY-ST-ZIP		
2.1 TITLE VP	McLaughlin, Helen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	207 Beatty Taff Dr	
2.3 STREET ADDRESS	Crawfordville, FL 32327	
2.4 CITY-ST-ZIP		
3.1 TITLE T/D	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE VP	Hitchcock, Tui	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1268 North Paul Russell Rd	
4.3 STREET ADDRESS	Tallahassee, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE D	Mitchell, Amber	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	113 Spruce Pines Dr.	
5.3 STREET ADDRESS	Thomasville, GA 31787	
5.4 CITY-ST-ZIP		
6.1 TITLE D	Atkinson, Bette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1513 Sharon Road	
6.3 STREET ADDRESS	Tallahassee, FL 32303	
6.4 CITY-ST-ZIP		

14. I 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: *Lorena M. Sutherland* *Lorena M. Sutherland* **4-2-98 (850)893-0346**

CR2E037 (10/97)