

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90068 007 ****61.25

DOCUMENT # 718379

1. Corporation Name

ALTRUSA CLUB OF TALLAHASSEE, FLORIDA, INC.

Principal Place of Business

969 MEDIEVEL PLACE
TALLAHASSEE FL 32301
US

Mailing Address

969 MEDIEVEL PLACE
TALLAHASSEE FL 32301
US



2. Principal Place of Business

21 **Christine Prescott**

22 **2813 Blairstone Court**

23 **Tallahassee FL**

24 **32301**

25 **U.S.**

2a. Mailing Address

26 **Same**

27

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

04/20/1970

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

9. Name and Address of Current Registered Agent

KITTERMAN, LESLIE
969 MEDIEVEL PLACE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **Christine Prescott**
82 Street Address (P.O. Box Number is Not Acceptable)
2813 Blairstone Court
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 **Christine Prescott** DATE **4/14/99**

(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	P	<input type="checkbox"/> DELETE
NAME	KITTERMAN, LESLIE	
STREET ADDRESS	969 MEDIEVEL PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, HELEN	
STREET ADDRESS	207 BEATTY TAFF DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SWTHERLAND, LORENA M	
STREET ADDRESS	2825 ROSCOMMON DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HITCHCOCK, TUI	
STREET ADDRESS	1268 N PAUL RUSSELL RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, AMBER	
STREET ADDRESS	113 SPRUCE PINES DR	
CITY-ST-ZIP	THOMASVILLE GA 31757	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINSON, BETTYE	
STREET ADDRESS	1513 SHARON RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Prescott, Christine	
1.3 STREET ADDRESS	2813 Blairstone Court	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Amber Mitchell	
2.3 STREET ADDRESS	113 Spruce Pines Dr	
2.4 CITY-ST-ZIP	Thomasville GA 31757	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Leslie Kitterman	
4.3 STREET ADDRESS	969 Medieval Place	
4.4 CITY-ST-ZIP	Tallahassee, FL 32301	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lynn Suberly	
5.3 STREET ADDRESS	501 Blairstone Rd Apt. 3801	
5.4 CITY-ST-ZIP	Tallahassee FL 32301	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Barbara McCloud	
6.3 STREET ADDRESS	1625 Springwood Dr	
6.4 CITY-ST-ZIP	Tallahassee, FL 32308	

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, with all other like empowered.

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

April 14 1999 (850) 893-0346
Date Daytime Phone #

CR2E037 (11/98)