

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719523 (3)

1. Corporation Name

TALLAHASSEE CLUB OF FRONTIERS INTERNATIONAL, INC
ORPORATED

Principal Place of Business

750 LUPINE WAY
TALLAHASSEE FL 32308
US

Mailing Address

P.O. BOX 20306
TALLAHASSEE FL 32311
US

FILED
96 JUN 21 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 8125 Buck Lake Rd.

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 5466

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, Florida 32311-4509

Zip

24 32311-4509

Country

25 US

City & State

28 Tallahassee, Florida

Zip

29 32311-4566

Country

30 US

3. Date Incorporated or Qualified
10/16/1970

3a. Date of Last Report
12/18/1995

4. FEI Number

59-6526115

Applied For

X 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

LEROY, WESTER SR
1502 COLEMAN ST.
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

MICHAEL HINES

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

2027 S. M. L. KING BLVD.

83

84 City

TALLAHASSEE

FL

85 Zip Code
32311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-21-96

OFFICERS AND DIRECTORS

12. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
THORNTON, HAROLD
750 LUPINE WAY
TALLAHASSEE FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
LANDERS, RILEY
8125 BUCKLAKE RD.
TALLAHASSEE FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
WESTER, LEROY SR
1502 COLEMAN ST.
TALLAHASSEE FL 32310

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
STUCKS, ALLEN
2414 MEXIA AVENUE
TALLAHASSEE FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD
LANDERS, RILEY L., JR.
8125 BUCK LAKE RD
TALLAHASSEE, FLORIDA 32311-4509

X Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VD
BROWN, CLIFFORD
1150 E DOGWOOD
MONTICELLO, FLORIDA 32344

X Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

SD
HINES, MICHAEL
2027 S. M.L. KING BLVD.
TALLAHASSEE, FLORIDA 32311

X Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TD
WILLIS, VERNON
9065 FOXWOOD DR. N.
TALLAHASSEE, FLORIDA 32308

X Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

700001871787
-06/21/96--01094--013
*****61.25 *****61.25

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #