

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 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 # 719523 (3)
 1. Corporation Name
TALLAHASSEE CLUB OF FRONTIERS INTERNATIONAL, INC
ORPORATED

Principal Place of Business
2414 Mexia Avenue
9125 BUCK LAKE ROAD
TALLAHASSEE FL 32314-5400
US 32304-1321

Mailing Address
P.O. BOX 5406
TALLAHASSEE FL 32314-5406



2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 25 Suite, Apt. #, etc.
 26 City & State
 27 Zip
 28 Country

3. Date Incorporated or Qualified
10/16/1970

4. FEI Number
59-6526115

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~James P. McQueen~~
~~2007 S. GOLF LINKS BLVD.~~
~~TALLAHASSEE FL 32304~~
ALLEN D. STUCKS, SR.
2414 Mexia Avenue
Tallahassee, Florida
32304-1321

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
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
 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	PD	<input type="checkbox"/> DELETE
NAME	LANDERS, RILEY, JR. ALLEN D. STUCKS, SR.	
STREET ADDRESS	9125 BUCK LAKE ROAD 2414 Mexia Avenue	
CITY-ST-ZIP	TALLAHASSEE FL 32314-5400 32304-1321	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, CURTIS Curtis Richardson	
STREET ADDRESS	1150 E. DOGWOOD 533 Tuskegee Street	
CITY-ST-ZIP	TALLAHASSEE FL 32314 Tallahassee, FLA. 32310	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, CURTIS William McQueen	
STREET ADDRESS	533 TUSKEGEE STREET 2920 Rackley Drive	
CITY-ST-ZIP	TALLAHASSEE FL Tallahassee, Florida 32310	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIS, VERNON	
STREET ADDRESS	9065 FOXWOOD DR. N.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	Charles Cyrus	
STREET ADDRESS	520 Campbell Street	
CITY-ST-ZIP	Tallahassee, Florida 32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN D. STUCKS, SR.	
1.3 STREET ADDRESS	2414 Mexia Avenue	
1.4 CITY-ST-ZIP	Tallahassee, Florida 32304-1321	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Curtis Richardson	
2.3 STREET ADDRESS	533 TUSKEGEE STREET	
2.4 CITY-ST-ZIP	Tallahassee, FLA. 32310	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William McQueen	
3.3 STREET ADDRESS	2920 Rackley Drive	
3.4 CITY-ST-ZIP	Tallahassee, Florida 32310	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles Cyrus	
5.3 STREET ADDRESS	520 Campbell Street	
5.4 CITY-ST-ZIP	Tallahassee, Florida 32304	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **Allen D. Stucks, Sr.** 5/29/98 488-5905

CR2E037 (1097)