

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 010 ****61.25

DOCUMENT # 719523

1. Corporation Name

TALLAHASSEE CLUB OF FRONTIERS INTERNATIONAL, INC
ORPORATED

Principal Place of Business

2414 MEXIA AVE
TALLAHASSEE FL 32304
US

Mailing Address

P.O. BOX 5466
TALLAHASSEE FL 32314-5466



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 5445

27 City & State

28 Tallahassee, FL

29 32314-5445 30 U.S.

3. Date Incorporated or Qualified

10/16/1970

4. FEI Number

59-6526115

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

STUCKS, SR A D
2414 MEXIA AVE
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME STUCKS, JR A D
STREET ADDRESS 2414 MEXIA AVE
CITY-ST-ZIP TALL FL 32304

TITLE VD ☐ DELETE

NAME RICHARDSON, C
STREET ADDRESS 533 TUSKEGEE ST
CITY-ST-ZIP TALL FL 32310

TITLE SD ☒ DELETE

NAME MCQUEEN, W.
STREET ADDRESS 2920 RACKLEY DR
CITY-ST-ZIP TALL FL 32310

TITLE TD ☒ DELETE

NAME WILLIS, VERNON
STREET ADDRESS 9065 FOXWOOD DR. N.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ATD ☒ DELETE

NAME CYRUS, C
STREET ADDRESS 520 CAMPBELL ST
CITY-ST-ZIP TALL FL 32304

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Curtis Richardson* CURTIS RICHARDSON

7/12/99

(850) 576-6342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)