## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT



Mar 20, 2008 8:00 am Secretary of State

**FILED** 

| DOCUMENT # 736668  1. Entity Name                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                                                                           |                      |                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                    | 03-20-2008 90031 018 ****61.25              |                    |                            |                                 |                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|--------------------|----------------------------|---------------------------------|-----------------------------------------------------|--|
| 1. Entity Name<br>LEGAL SERVICES OF NORTH FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                                                                           |                      |                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                             |                    |                            |                                 |                                                     |  |
| 2119 DELTA BOULEVARD 211                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |                                                                                                                                                                                                           |                      | iling Address<br>19 DELTA BOULEVARD<br>LLAHASSEE, FL 32303 |                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                             |                    |                            |                                 |                                                     |  |
| 2. Principal P                                                                                                                                                                                                                                                                                                                                                                                   | lace of Busines                                                                                                                                                                                      | s - No P.O. Box #                                                                                                                                                                                         | 3. Mailing           | Address                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                             |                    |                            |                                 |                                                     |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                      |                                                                                                                                                                                                           | Suite, Apt. #, etc.  |                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                    | <b>                                    </b> |                    | TIBN BIBN BIBN I           | DIMIL BIBIJ BIBI                | HEI BI HEBI                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                      |                                                                                                                                                                                                           | Suite                |                                                            |                                                                                                                                                                                                                                                                                                                                                       | 03042008 C                                         | hg-NP                                       | CR2E037            | (12/06)                    |                                 |                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                      |                                                                                                                                                                                                           | City &               |                                                            |                                                                                                                                                                                                                                                                                                                                                       | 4. FEI Number 51-01970                             | 90                                          |                    |                            | plied For<br>t Applicable       |                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                      | Country                                                                                                                                                                                                   | Zip                  |                                                            | Country                                                                                                                                                                                                                                                                                                                                               |                                                    | 5. Certificate of S                         | Status Desired     |                            | 8.75 Add<br>ee Required         |                                                     |  |
| 6. Name and Address of Current Registers                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |                                                                                                                                                                                                           |                      | Agent                                                      |                                                                                                                                                                                                                                                                                                                                                       |                                                    | 7. Name and Ad                              | dress of New R     | egistered Ag               | ent                             |                                                     |  |
| KNAB, KR                                                                                                                                                                                                                                                                                                                                                                                         | ISTINE E.                                                                                                                                                                                            |                                                                                                                                                                                                           |                      | ٠                                                          | Name _                                                                                                                                                                                                                                                                                                                                                |                                                    |                                             |                    |                            |                                 |                                                     |  |
| 2119 DEL                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      | 2303                                                                                                                                                                                                      |                      |                                                            | Street Ad                                                                                                                                                                                                                                                                                                                                             | Street Address (P.O. Box Number is Not Acceptable) |                                             |                    |                            |                                 |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                           |                      |                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                             |                    |                            |                                 |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                           |                      |                                                            | City                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                             |                    | FL                         | Zip Code                        | 9                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  | named entity s<br>tions of register                                                                                                                                                                  | ubmits this statement fo<br>ed agent.                                                                                                                                                                     | r the purpos         | e of changing its                                          | registered office or                                                                                                                                                                                                                                                                                                                                  | register                                           | ed agent, or both, in                       | n the State of Flo | oriđa. I am fa             | miliar with.                    | and accept                                          |  |
| SIGNATURE .                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                      |                                                                                                                                                                                                           |                      |                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                             |                    |                            |                                 | • :                                                 |  |
| SIGNATURE.                                                                                                                                                                                                                                                                                                                                                                                       | Signature, typed or p                                                                                                                                                                                | printed name of registered agent                                                                                                                                                                          | and title if applica | NOTE                                                       | ; Registered Agent signatu                                                                                                                                                                                                                                                                                                                            | re required                                        | when reinstating)                           |                    | DATE                       |                                 | _                                                   |  |
| Amended AR is \$61.25  9. Election Campaig Trust Fund Contri                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                      |                                                                                                                                                                                                           |                      |                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                             |                    |                            |                                 |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  | Amended A                                                                                                                                                                                            | AR is \$61.25                                                                                                                                                                                             |                      |                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                    | \$5.00 May Be<br>Added to Fees              |                    | ake check  <br>Ida Departn |                                 |                                                     |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                                                                                                                                                                    | AR is \$61.25                                                                                                                                                                                             | RECTORS              |                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                             | .", Flor           | lda Departn                | nent of St                      | ate                                                 |  |
| 10.<br>TITLE                                                                                                                                                                                                                                                                                                                                                                                     | D                                                                                                                                                                                                    | OFFICERS AND DI                                                                                                                                                                                           | RECTORS              |                                                            | 11.                                                                                                                                                                                                                                                                                                                                                   |                                                    | Added to Fees                               | .", Flor           | ida Departn<br>RS AND DIRE | nent of St                      | ate                                                 |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                                              | D<br>MACK, THE                                                                                                                                                                                       | OFFICERS AND DI                                                                                                                                                                                           | RECTORS              | Trust Fund C                                               | fontribution.                                                                                                                                                                                                                                                                                                                                         |                                                    | Added to Fees                               | .", Flor           | ida Departn<br>RS AND DIRE | CTORS IN                        | ate * 10                                            |  |
| 10.<br>TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                             | D<br>MACK, THE<br>803 N, CALI                                                                                                                                                                        | OFFICERS AND DIE                                                                                                                                                                                          | RECTORS              | Trust Fund C                                               | 11. TITLE NAME                                                                                                                                                                                                                                                                                                                                        |                                                    | Added to Fees                               | .", Flor           | ida Departn<br>RS AND DIRE | CTORS IN                        | ate * 10                                            |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                  | D<br>MACK, THE<br>803 N. CALI<br>TALLAHASS                                                                                                                                                           | OFFICERS AND DIE<br>ODORE<br>HOUN STREET<br>SEE, FL 32303                                                                                                                                                 | RECTORS              | Trust Fund C                                               | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                       |                                                    | Added to Fees                               | .", Flor           | Ida Departn                | CTORS IN                        | ate * 10                                            |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                                                                                                                             | D<br>MACK, THE<br>803 N. CALI<br>TALLAHASS<br>D<br>CUMMINGS                                                                                                                                          | OFFICERS AND DIE<br>ODORE<br>HOUN STREET<br>SEE, FL 32303                                                                                                                                                 | RECTORS              | Trust Fund C                                               | 11. TITLE NAME STREET ADDRESS CFFY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                                                                                  |                                                    | Added to Fees                               | .", Flor           | Ida Departn                | CTORS IN                        | 10 Addition                                         |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                  | D<br>MACK, THE<br>803 N. CALI<br>TALLAHASS<br>D<br>CUMMINGS<br>462 W. BRE                                                                                                                            | OFFICERS AND DIE<br>CODORE<br>HOUN STREET<br>SEE, FL 32303<br>S, CAROLYN<br>EVARD ST                                                                                                                      | RECTORS              | Trust Fund C                                               | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                       |                                                    | Added to Fees                               | .", Flor           | Ida Departn                | CTORS IN                        | 10 Addition                                         |  |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                             | D<br>MACK, THE<br>803 N. CALI<br>TALLAHASS<br>D<br>CUMMINGS<br>462 W. BRE                                                                                                                            | OFFICERS AND DIE<br>ODORE<br>HOUN STREET<br>SEE, FL 32303                                                                                                                                                 | RECTORS              | Trust Fund C                                               | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                   |                                                    | Added to Fees                               | .", Flor           | RS AND DIRE                | CTORS IN                        | 10 Addition                                         |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                  | D MACK, THE 803 N. CALI TALLAHASS D CUMMINGS 462 W. BRE TALLAHASS D LANNON, C                                                                                                                        | OFFICERS AND DIE<br>CODORE<br>HOUN STREET<br>SEE, FL 32303<br>S, CAROLYN<br>EVARD ST<br>SEE, FL 32301                                                                                                     | RECTORS              | Trust Fund C                                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME                                                                                                                                                                                                                                                                |                                                    | Added to Fees                               | .", Flor           | RS AND DIRE                | CTORS IN Change                 | ate 10 Addition                                     |  |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                                                                                                                                                                                                                                                        | D MACK, THE 803 N. CALI TALLAHASS D CUMMINGS 462 W. BRE TALLAHASS D LANNON, C PL 01, THE                                                                                                             | OFFICERS AND DIE CODORE HOUN STREET SEE, FL 32303  S, CAROLYN EVARD ST SEE, FL 32301  SATHERINE CAPITOL                                                                                                   | RECTORS              | Trust Fund C                                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                     |                                                    | Added to Fees                               | .", Flor           | RS AND DIRE                | CTORS IN Change                 | ate 10 Addition                                     |  |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                   | D MACK, THE 803 N. CALI TALLAHASS D CUMMINGS 462 W. BRE TALLAHASS D LANNON, C PL 01, THE TALLAHASS                                                                                                   | OFFICERS AND DIE<br>CODORE<br>HOUN STREET<br>SEE, FL 32303<br>S, CAROLYN<br>EVARD ST<br>SEE, FL 32301                                                                                                     | RECTORS              | Trust Fund C                                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TPTLE NAME STREET ADDRESS CITY-ST-ZIP TPTLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                               |                                                    | Added to Fees                               | .", Flor           | RS AND DIRE                | CTORS IN Change                 | ate 10 Addition Addition                            |  |
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| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                          | D MACK, THE 803 N. CALI TALLAHASS D CUMMINGS 462 W. BRE TALLAHASS D LANNON, C PL 01, THE TALLAHASS PD CRUMP, BE 240 N MAG                                                                            | OFFICERS AND DIE                                                                                                                                                                                          | RECTORS              | Trust Fund C                                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME                                                                                                                                                                               |                                                    | Added to Fees                               | .", Flor           | RS AND DIRE                | CTORS IN Change                 | ate 10 Addition Addition                            |  |
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| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                             | D MACK, THE 803 N. CALI TALLAHASS D CUMMINGS 462 W. BRE TALLAHASS D LANNON, C PL 01, THE TALLAHASS PD CRUMP, BE 240 N MAGI TALLAHASS D MARGULES 720 GEORG PANAMA C D DIX, MARTI                      | OFFICERS AND DIE CODORE HOUN STREET SEE, FL 32303  6, CAROLYN EVARD ST SEE, FL 32301  6ATHERINE CAPITOL SEE, FL 32399  ENJAMIN NOLIA DR SEE, FL 32301  6, JOEL GIA AVENUE ITY, FL 32404                   | RECTORS              | Trust Fund C                                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                   |                                                    | Added to Fees                               | .", Flor           | RS AND DIRE                | CTORS IN Change  Change  Change | ate 10 Addition Addition Addition Addition          |  |
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| •.                                     |                                                                                                 |                             | R-PROFIT CORPORATION                                                           | $ \langle  \langle  \rangle \rangle \langle  \langle  \rangle \langle  \rangle \langle  \langle  \rangle \langle  \rangle \langle  \langle  \rangle \langle  \langle  \rangle \langle  \langle  \rangle \langle  \langle  \langle  \rangle \langle  \langle  \langle  \langle  \rangle \langle  \langle  \langle  \langle  \rangle \langle  \rangle \rangle \langle  \rangle \rangle \langle  \rangle \rangle \langle  \rangle \rangle \langle  \rangle \rangle \langle  \rangle \rangle \langle  \rangle \rangle \langle  \rangle \rangle \langle  \langle  \langle  \langle  \langle  \langle  \langle  \langle  \rangle \rangle \langle  \langle  \langle  \langle  \langle  \langle  \rangle \rangle \langle  \langle  \langle  \langle  \langle  \rangle \rangle \langle  \langle  \langle  \langle  \langle  \langle  \rangle \rangle \langle  \langle  \langle  \langle  \langle  \langle  \langle  \langle  \rangle \rangle \langle  \rangle \rangle \langle  \langle -$ |
|                                        | 10. OFFICERS AND DIRECTORS                                                                      |                             | 11. ADDITIONS/CHANGES                                                          | ,,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>C. LeDon Anchors, Jr.<br>909 Mar Walt Drive, Suite 1014<br>Ft. Walton Beach, FL 32547-6757 | ⊠ Delete                    | D<br>Derek Sims<br>4600 Shelfer Road, Apt.A<br>Tallahassee, FL 32305           | □ Change ■ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Cathi Wilkinson<br>215 South Monroe Street<br>Tallahassee, FL 32301                        | ⊠ Delete                    | D<br>Lourdes Garcia<br>780 Shoemaker Drive<br>DeFuniak Springs, FL             | □ Change   Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Larry Krieger<br>FSU College of Law, 425 W. Jeffer<br>Tallahassee, FL 32306                | <b>™ Delete</b><br>rson St. | D<br>Sally Gertz<br>FSU College of Law, 425<br>Tallahassee, FL 32306           | □ Change ■ Addition<br>W. Jefferson St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>E. Philip Smith<br>490 W Walnut St<br>Monticello, FL 32344                                 | □ Delete                    | D<br>Michael Guttman<br>314 S. Baylen Street Suite<br>Pensacola, FL 32502-5949 | □ Change   Addition  201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Mark Bednar<br>P.O. Drawer 13146<br>Pensacola, FL 32591-3146                               | □ Delete                    |                                                                                | □ Change □ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Anneli Nystrand Baldwin<br>13403 North Meridian Road<br>Tallahassee, FL 32312              | ⊠ Delete                    |                                                                                | □Change □ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | STD<br>Wendy Loquasto<br>314 West Jefferson Street<br>Tallahassee, FL 32301                     | □ Delete                    |                                                                                | □ Change □ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>George Polite<br>813 Dewey Street<br>Tallahassee, FL 32304                                 | ⊠ Delete                    | , ser                                                                          | □ Change □ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Oliver Hill, Sr.<br>3299 Connector Drive<br>Tallahassee, FL 32303                          | □ Delete                    | VD<br>Oliver Hill, Sr.<br>3299 Connector Drive<br>Tallahassee, FL 32303        | <b>⊠Change</b> □Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Joanne Battle<br>3380 Fred George Rd Apt 303<br>Tallahassee, FL 32303                      | □ Delete                    |                                                                                | □ Change □ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Stella Ward<br>231 Bermuda Road<br>Tallahassee, FL 32308                                   | ☐ Delete                    | -                                                                              | □ Change □ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Billy Durr<br>1700-56 Joe Louis Street<br>Tallahassee, FL 32304                            | □ Delete                    |                                                                                | □ Change □ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Latrece Gadson<br>721 Rollins Street<br>Tallahassee, FL 32304                              | ⊠ Delete                    |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Shannon Grimes<br>132 Tiger Lilly Dr., Apt. 203<br>Pensacola, FL 32506                     | □ Delete                    |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TITLE<br>NAME<br>STREET<br>CITY-ST-ZIP | D<br>Mechele McBride<br>200 E Gaines St<br>Tallahassee, FL 32399                                | □Delete                     | С                                                                              | □ Change □ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |