

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739616 (1)
1. Corporation Name
TALLAHASSEE MALL MERCHANTS ASSOCIATION, INC.



Principal Place of Business
2415 N. MONROE STREET
MALL OFFICE, TALLAHASSEE MALL
TALLAHASSEE FL 32303

Mailing Address
7620 MARKET ST
YOUNGSTOWN OH 44152

3. Date Incorporated or Qualified
07/08/1977

3a. Date of Last Report
03/02/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
59-1394022

Applied For
Not Applicable

5. Certificate of Status Desired
8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
55.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MILLER, KEN~~ Renninger, David
2415 N. MONROE STREET
TALLAHASSEE FL 32303

81 Name
Renninger, David
82 Street Address (P.O. Box Number is Not Acceptable)
2415 N. Monroe Street
83
84 City
Tallahassee
FL
85 Zip Code
32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHATBURN, VICKI			1.2 NAME	Renninger, David		
STREET ADDRESS	2415 N MONROE ST			1.3 STREET ADDRESS	2415 N. Monroe St.		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARPENTER, CRYSTAL			2.2 NAME			
STREET ADDRESS	2415 N MONROE ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHESNUTT, HEIDI			3.2 NAME			
STREET ADDRESS	2415 N MONROE ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATHINGTON, VINCE			4.2 NAME			
STREET ADDRESS	2415 N MONROE ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, TONY			5.2 NAME			
STREET ADDRESS	2415 N MONROE ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANGLEY, LINDA			6.2 NAME			
STREET ADDRESS	2415 N MONROE ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Clarke* Michael T Clarke 3/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)