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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 739616

(1)

TALLAHASSEE MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business Mailing Address							- I INDRIIL IBRODA IIKIKE KAIND EKIDI KITAID EKILI ALBEK EKIDIK DIDIK BITAIL EKIDIK EKIDIK EKIDIK EKIDIK EKIDIK				
2415 N. MONROE STREET 2415 N. MONROE											
MALL OFFICE. TALLAHASSEE MALL TALLAHASSEE FL 32303		TALLAHASSEE FL 32303-4135									
							Date Incorporated or Qualified 07/06/1977	3a. D	ote of Last P 05/01/19	teport 96	
2. Principal P	lace of Business	2a. Mailing Address			***************************************	4.	. FEI Number		A	pplied For	
21	······································	26					59-1394022	. ,. ,		ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			6.	. Certificate of Status Desired			Additional equired		
City & State	e	City & State			6.	. Election Campaign Financing	·····	\$5.00	May Be		
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	intry		8.	. This corporation has liability for	intangible	tax under s	3. 199.032,	
24	25	29	30	· · · · · · · · · · · · · · · · · · ·				Yes [
	9. Name and Address of Currer	it Registered Agent	· · · · · · · · · · · · · · · · · · ·	81	Ness	10	. Name and Address of New Re	gistered	Agent		
				81	Name						
RENNINGER, DAVID 2415 N. MONROE STREET				82	Street Add	dress (I	P.O. Box Number is Not Acceptate	ole)			
	ASSSE FL 32303		83								
				84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Stat	tutes, the a	bove-	named co	rporatio	on submits this statement for the p	purpose o	f changing i	its registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change wa	s authorize	d by 1	the corpor	ation's	board of directors. I hereby accept	ot the app	pointment as	registered	
	marmia with and accept the oblig	anona or, occion o rr.oco,	i ionoa ota	tutos.							
SIGNATURE	Signature, typed or printed name of registered age	ent and title II applicable. (N	OTE: Registers	d Agen	l signature req	ertw toerius	in reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTOR	RS IN 12	
TITLE	P	☐ DELETE	1.1 (1	TLE		*********			☐ Change	☐ Addition	
NAME	CHATBURN, VICKI		1.2 N	AME							
STREET ADDRESS	2415 N MONROE ST		1.3 \$	TREET A	DDRESS						
CITY - ST - ZIP	TALLAHASSEE FL		1.4 C	ITY-ST-	· ZIP		•				
THTLE	D	DELETE	2.1 1	TLE	-				Change	Addition	
NAME	renninger, David		2.2 N	AME							
STREET ADDRESS	2415 N. MONROE STREET		2.3 5	TREET A	DDRESS						
CITY-ST-ZiP	TALLAHASSEE FL 32303		2.40	CITY-ST	- ZIP						
TITLE	S	DELETE	3.1 Ti	ITLE					Change	Addition	
NAME	CHESNUTT, HEIDI		3.2 N	AME			IN 241 11				
STREET ADDRESS	2415 N MONROE ST		3.3 \$	TREET A	DORESS		110)	ווחו			
CITY-ST-ZIP	TALLAHASSEE FL		3.4. 0	ITY-ST	- ZIP		APR 17 1907	H_HI			
TITLE	VP	☐ DELETE	4.1 TI	TLE		7	II 1007	וע	☐ Change	Addition	
NAME	rathington, vince		4.2 N	IAME		- 1	Ву	ン			
STREET ADDRESS	2415 N MONROE ST		4.3 \$	TREET A	DDRESS .	L	Uy	- 1			
City - St - ZiP	TALLAHASSEE FL		4.4 0	ITY-ST	- ZIP			<u>l</u>			
TITLE	D	☐ DELETE	5.1 TI	ITLE					Change	Addition	
NAME	Lewis, tony		5.2 N	4ME	ŀ					₹	
STREET ADDRESS	2415 N MONROE ST		5.3 S	rreet a	DDRESS		•				
CITY-ST-ZIP	TALLAHASSEE FL			ITY-\$T	· ZIP						
TITLE	T	☐ DELETE	6.1 T	TLE					☐ Change	Addition	
NAME	LANGLEY, LINDA		6.2 N	AME							
STREET ADDRESS	2415 N MONROE ST		6.3 S	TREET A	DORESS						
CITY-ST-ZIP	TALLAHASSEE FL			ITY-ST							
 I do herel information 	by certify that the information supplie on indicated on this annual report or i flicer or director of the corporation of	d with this filing does not que supplemental annual report i	alify for the s true and i	exen accur	nption state ate and th	ed in Si at my s	ection 119.07(3)(i), Florida Statute signature shall have the same legs	s. I furthe	or certify that is if made un	the ider oath; that	
l am an o	flicer or director of the corporation of	r the receiver of trustee emp	owered to e	execu	ite this rep	ort as r	required by Chapter 617, Florida S	Statutes; a	and that my i	name	

nent with an address.

HOURED I

SIGNATURE:

I am an officer or director of the cappears in Block 12 or Block 13/1