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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90018 042 \*\*\*\*61.25

**DOCUMENT # 739616**

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

2415 N. MONROE ST.  
TALLAHASSEE FL 32301



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

07/08/1977

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 ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RENNINGER, DAVID  
2415 N. MONROE STREET  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME CHATBURN, VICKI  
STREET ADDRESS 2415 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME RENNINGER, DAVID  
STREET ADDRESS 2415 N. MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE S ☐ DELETE  
NAME CHESNUTT, HEIDI  
STREET ADDRESS 2415 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☐ DELETE  
NAME RATHINGTON, VINCE  
STREET ADDRESS 2415 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME LEWIS, TONY  
STREET ADDRESS 2415 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☐ DELETE  
NAME LANGLEY, LINDA  
STREET ADDRESS 2415 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

385-7145

Date

Daytime Phone #

CR2E037 (11/98)