

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 742869 1. Entity Name THE INTER-CIVIC COUNCIL OF THE SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE OF TALLAHASSEE, INCORPOR						FILED 2006 JUL 25 PM 4:04 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 1111 TANNER DRIVE 6504 N. Meridian Rd. TALLAHASSEE, FL 32305 Tallahassee, FL 32312				Mailing Address POST OFFICE BOX 100705 3086 TALLAHASSEE, FL 32315 Tallahassee, FL 32312			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 57-1219-264				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDERSON, GLORIA J 4034 CAYUGA COURT TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Cheryl Baker Street Address (P.O. Box Number is Not Acceptable) 1101 BENNETT STREET City Tallahassee FL 32304			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Cheryl Baker 900078067159 07/27/06--01047-059 ***0.00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOUTZ, WILLIAM REV. 6504 N. MERIDIAN ROAD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Rev. William Foutz Sr. 6504 N. Meridian Rd. Tallahassee, FL 32312	<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, WILLIE REV. 2009 WARWICK ST. TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st V.P. Rev. Willie Harris 2009 Warwick Street Tallahassee, FL 32310	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, ROBERT BISHOP 418 W. 4TH AVENUE, SUITE A-6 TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd V.P. Rev. Willie Harris 1714 West Street Bainbridge, GA 39819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, WILSON COL. 1949 SETTING SUN TRAIL TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3rd V.P. WILLIAM FOUTZ SR. 6504 N. Meridian Rd. Tallahassee, FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, HARRY 5431 CRUMP ROAD TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Team Cheryl Baker 1101 Bennett Street Tallahassee, FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, HENRINETTA 11969 BUCK LAKE ROAD TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sarty Yolanda Settles 405 Mercury Drive Tallahassee, FL 32305	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: William Foutz Sr. 7-24-06 850-668-3294 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							