

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01032007 Chg-NP CR2E037 (12/06)

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 742869</b>   |  |   |   |  |  |
| 1. Entity Name<br><b>THE INTER-CIVIC COUNCIL OF THE SOUTHERN<br/>CHRISTIAN LEADERSHIP COUNCIL OF TALLAHASSEE,<br/>INCORPORATE</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>6504 N. MERIDIAN ROAD<br/>TALLAHASSEE, FL 32312</b>  |  |   | Mailing Address<br><b>POST OFFICE BOX 3086<br/>TALLAHASSEE, FL 32315</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |   |  |
| City & State   |  |   | City & State  |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>57-1219264</b>  |  |
|  |  |   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>BAKER, CHERYL<br/>1101 BENNETT STREET<br/>TALLAHASSEE, FL 32304</b>   |  |   | Name  |   |  |
|  |  |   | Street Address (P.O. Box Number is Not Acceptable)  |   |  |
|  |  |   | City  |   |  |
|  |  |   | FL Zip Code   |   |  |
| 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 <i>Cheryl Baker Cheryl Baker</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE   |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
|  |  |   |   | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PCEO<br>FOUTZ, SR., WILLIAM REV.<br>6504 N. MERIDIAN ROAD<br>TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1VP<br>HARRIS, WILLIE REV.<br>2009 WARWICK ST.<br>TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | 300083768963<br>01/09/07--01021--022 **70.00  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2VP<br>LAMB, WILLIE REV.<br>1714 WEST STREET<br>BAINBRIDGE, FL 39819 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 3VP<br>FOUTZ, WILLIAM JR.<br>6504 N. MERIDIAN ROAD<br>TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BAKER, CHERYL<br>1101 BENNETT STREET<br>TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>SETTLES, YOLANDA<br>405 MERCURY DRIVE<br>TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | S<br>Lynn Shepard<br>1109 Woodland Dr.<br>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: <i>Rev. William Foutz Sr.</i> <i>Patricia...</i> <i>858-668-3297</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <i>1-2-07</i> Daytime Phone #  |  |   |   |   |  |