2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name
THE INTER-CIVIC COUNCIL OF THE SOUTHERN CHRISTIAN LEADERSHIP COUNCIL OF TALLAHASSEE, INCORPORATE

Principal Place of Business	Mailing Address
6504 N. MERIDIAN ROAD TALLAHASSEE, FL 32312	POST OFFICE BOX 3086 TALLAHASSEE, FL 32315

01022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2526 So. Monroe ST	P.O. Box 3086
Suite, Apt. #, etc.: Suite G	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301 Country: US	Zip: 32315 Country: US

4. FEI Number: 57-1219264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~DIXIE, LAURA~~
~~1111 TANNER DRIVE~~
TALLAHASSEE, ~~FL~~ 32305

7. Name and Address of New Registered Agent

Name: Cora Lynn Shepard
Street Address (P.O. Box Number is Not Acceptable): 1109 Woodland DR.
City: Tallahassee FL Zip Code: 32310

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: Cora L. Shepard 1-3-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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, SR., WILLIAM REV. 6504 N. MERIDIAN ROAD TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Foutz, Sr. William Rev. 6504 N. Meridian Rd Talla, FL 32312 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP HARRIS, WILLIE REV. 2009 WARWICK ST. TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D Harris, Willie Rev. 2009 Warwick St. Talla, FL 32310 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~COB~~ ~~DIXIE, LAURA~~ ~~1111 TANNER DR~~ TALLAHASSEE, FL 32305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDP/D Foutz, Jr. William 405 Mercury Drive Talla, FL 32305 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SOA~~ ~~DIXIE, SAMUEL L 2ND~~ ~~1111 TANNER DR~~ ~~TALLAHASSEE, FL 32305~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Cheryl Baker 1101 Bennett St. Tallahassee, FL 32304 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAKER, CHERYL 1101 BENNETT STREET TALLAHASSEE, FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cora Lynn Shepard 1109 Woodland Drive Tallahassee, FL 32310 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHEPARD, LYNN 1109 WOODLAND DRIVE TALLAHASSEE, FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Cora L. Shepard Cora L. Shepard 1/3/08 850 877-4716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #