

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760585 (0)
1. Corporation Name
TALLAHASSEE MASONRY JOINT APPRENTICESHIP COMMITTEE, INC.

Principal Place of Business C/O PERRY M. BELL 2420 FRED SMITH ROAD TALLAHASSEE 32 32303 US		Mailing Address C/O PERRY M. BELL 2420 FRED SMITH ROAD TALLAHASSEE 32 32303 US		<div style="display: flex; justify-content: space-between;"> <div>3. Date Incorporated or Qualified 11/04/1981</div> <div>3a. Date of Last Report 04/26/1995</div> </div>	
2. Principal Place of Business		2a. Mailing Address		<div style="display: flex; justify-content: space-between;"> <div>4. FEI Number 59-2344516</div> <div> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> </div>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		<div style="display: flex; justify-content: space-between;"> <div>5. Certificate of Status Desired <input type="checkbox"/></div> <div>\$8.75 Additional Fee Required</div> </div>	
22 City & State		27 City & State		<div style="display: flex; justify-content: space-between;"> <div>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/></div> <div>\$5.00 May Be Added to Fees</div> </div>	
23 Zip		28 Zip		<div style="display: flex; justify-content: space-between;"> <div>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GOLDEN, THOMAS RT. 16, BOX 8080 TALLAHASSEE FL 32310				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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: <i>Thomas Golden</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>March 19 1996</i>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	GOLDEN, THOMAS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	RT. 16, BOX 8080		1.1 TITLE		
CITY-ST-ZIP	TALLAHASSEE FL 32310		1.2 NAME		
TITLE	STD	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
NAME	BELL, PERRY M		1.4 CITY-ST-ZIP		
STREET ADDRESS	2420 FRED SMITH ROAD		2.1 TITLE		
CITY-ST-ZIP	TALLAHASSEE 32 32303		2.2 NAME		
TITLE	VD	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
NAME	MCKENZIE, SAMUEL		2.4 CITY-ST-ZIP		
STREET ADDRESS	1604 MABRY STREET		3.1 TITLE		
CITY-ST-ZIP	TALLAHASSEE FL 32310		3.2 NAME		
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
NAME			3.4 CITY-ST-ZIP		
STREET ADDRESS			4.1 TITLE		
CITY-ST-ZIP			4.2 NAME		
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
NAME			4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE		
CITY-ST-ZIP			5.2 NAME		
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
NAME			5.4 CITY-ST-ZIP		
STREET ADDRESS			6.1 TITLE		
CITY-ST-ZIP			6.2 NAME		
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
NAME			6.4 CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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.					
SIGNATURE: <i>Perry M. Bell</i> 3-28-96. 904 385 1694					