

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 762912

1. Entity Name
**THE COMMITTEE OF NINETY-NINE OF
TALLAHASSEE/LEON COUNTY, INC.**



Principal Place of Business
**P. O. BOX 13493
TALLAHASSEE, FL 32317**

Mailing Address
**P. O. BOX 13493
TALLAHASSEE, FL 32317**



01272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2202411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MADIGAN, TERRELL G
305 S GADSDEN ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | TD |
| NAME | HUNT, JOHN E JR. |
| STREET ADDRESS | 2324 CENTERVILLE ROAD |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | D |
| NAME | SHAW, FRANK |
| STREET ADDRESS | 3635 NORTH MERIDAN ROAD |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | D |
| NAME | POPE, MELVIN |
| STREET ADDRESS | PO BOX 3636 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32315 |
| TITLE | D |
| NAME | MADIGAN, TERRELL C |
| STREET ADDRESS | 305 S GADSDEN STREET |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | D |
| NAME | SKELTON, BETTY ANN |
| STREET ADDRESS | 1100 CARRIAGE RD. |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | P |
| NAME | RIEDEL, ANNA J |
| STREET ADDRESS | 2142 PINK FLAMINGO |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |

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01/29/04-80037-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. HUNT, JR.

Date

Daytime Phone

1-27-2004 (850) 385-3636