2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 762912

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

Current Principal Place of Business:

3606 MACLAY BOULEVARD SOUTH
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

P O BOX 1702
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2202411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADIGAN, TERRELL G
1052 SUMMERBROOKE DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HUNT, JOHN E JR.	
Address:	3606 MACLAY BLVD SOUTH	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	COE, THOMAS R	
Address:	3242 ROBINHOOD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	POPE, MELVIN	
Address:	PO BOX 3636	
City-St-Zip:	TALLAHASSEE, FL 32315	
Title:	D	( ) Delete
Name:	MADIGAN, TERRELL C	
Address:	P O BOX 10321	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	D	( ) Delete
Name:	SKELTON, BETTY ANN	
Address:	1100 CARRIAGE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	P	( ) Delete
Name:	CROY, GAIL	
Address:	1446 DENHOLM DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SMITH, WILLIAM P	
Address:	P.O. BOX 10133	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. SMITH, JR. T 04/24/2009

Electronic Signature of Signing Officer or Director — Date