

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0015048

DOCUMENT # N00000002505

05-02-2001 90123 003 ****61.25

1. Entity Name

THE BOARD OF TRUSTEE OF THE TALLAHASSEE DISTRICT

Principal Place of Business

Mailing Address

P.O. BOX 13766
 TALLAHASSEE FL 32317

P.O. BOX 13766
 TALLAHASSEE FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, REV. CHARLES E
1537 LEE AVE.
TALLAHASSEE FL 32303

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CHAIRPERSON	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALINDA GOODWIN		
STREET ADDRESS	2800 SHAMROCK SOUTH		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KELLY SMITH		
STREET ADDRESS	8013 DEER LAKE RD.		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARBARA HODGES		
STREET ADDRESS	895 W. Washington St.		
CITY-ST-ZIP	MONTEICELLO, FL 32344		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Virginia Vaughn		
STREET ADDRESS	1832 Ox Bottom Ln.		
CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Art McClellan		
STREET ADDRESS	P.O. Box 1086		
CITY-ST-ZIP	Tallahassee, FL 32302		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Morris Steen		
STREET ADDRESS	P.O. Box 004		
CITY-ST-ZIP	Perry, FL 32357		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alinda L Goodwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001

Date

(850)

893-1116

Daytime Phone #

CR2E037 (10/00)