

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N04043 (8)

1. Corporation Name

TALLAHASSEE CRIME STOPPERS, INC.



Principal Place of Business

234 E. 7TH AVE.  
TALLAHASSEE FL 32303-5519

Mailing Address

234 E. 7TH AVE.  
TALLAHASSEE FL 32303-5519

3. Date Incorporated or Qualified  
07/05/1984

3a. Date of Last Report  
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2485578

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RILOUX, JEFF  
234 E. 7TH AVE.  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

MEADOWS, MARK

82

Street Address (P.O. Box Number is Not Acceptable)

83

234 E. 7TH AVE

84

TALLAHASSEE

FL

85 Zip Code  
32303

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

Mark Meadows

Mark MEADOWS

3/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GIRTMAN, BEN  
STREET ADDRESS 1020 E LAFAYETTE ST #207  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE SD  
NAME FRENCH, NANCY JO  
STREET ADDRESS 1170 CAPITAL CIRCLE, SE  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE TD  
NAME PETERSON, SUSAN  
STREET ADDRESS 217 N MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD  
NAME GAVALAS, MIKE  
STREET ADDRESS 212 S. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

904/68-3232

CR2E037 (12/95)