

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified **07/05/1984** 3a. Date of Last Report **03/26/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2485578	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MEADOWS, MARK 234 E 7TH AVE TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 **N/A** DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRTMAN, BEN	1.2 NAME	LUCAS, GWEN
STREET ADDRESS	1020 E LAFAYETTE ST #207	1.3 STREET ADDRESS	CITY HALL - 300 S. ADAMS ST.
CITY - ST - ZIP	TALLAHASSEE FL 32301	1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, NANCY JO	2.2 NAME	
STREET ADDRESS	1170 CAPITAL CIRCLE, SE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32301	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, SUSAN	3.2 NAME	
STREET ADDRESS	217 N MONROE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVALAS, MIKE	4.2 NAME	GRANTHAM, MICHAEL
STREET ADDRESS	212 S. MONROE ST.	4.3 STREET ADDRESS	217 N. MONROE ST.
CITY - ST - ZIP	TALLAHASSEE FL 32301	4.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GIRTMAN, BEN
STREET ADDRESS		5.3 STREET ADDRESS	1020 E. LAFAYETTE ST, #207
CITY - ST - ZIP		5.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WHITENAD, WANAN
STREET ADDRESS		6.3 STREET ADDRESS	CITY HALL - 300 S. ADAMS ST.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301

14. I do 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 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 from an attachment with an address.

SIGNATURE: **[Signature]** DATE **1/30/97** DAYTIME PHONE **904/656-3222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)