

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 26 1998 8:00am  
Secretary of State

0001423

DOCUMENT # **N04043** (8)

1. Corporation Name

**TALLAHASSEE BIG BEND CRIMESTOPPERS, INC.**



Principal Place of Business

Mailing Address

234 E. 7TH AVE.  
TALLAHASSEE FL 32303-5518

234 E. 7TH AVE.  
TALLAHASSEE FL 32303-5518

3. Date Incorporated or Qualified

**07/05/1984**

4. FEI Number

**59-2485578**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEADOWS, MARK**  
234 E 7TH AVE  
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LUCAS, GWEN**

STREET ADDRESS **CITY HALL-300 S. ADAMS ST.**

CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☒ DELETE

NAME **FRENCH, NANCY JO**

STREET ADDRESS **1170 CAPITAL CIRCLE, SE**

CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **TD** ☒ DELETE

NAME **PETERSON, SUSAN**

STREET ADDRESS **217 N MONROE STREET**

CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **MD** ☐ DELETE

NAME **GRANTHAN, MICHAEL**

STREET ADDRESS **217 N. MONROE ST.**

CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **GIRTMAN, BEN**

STREET ADDRESS **1020 E. LAFAYETTE ST., #207**

CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **WHITEHEAD, WANDA**

STREET ADDRESS **CITY HALL-300 S. ADAMS ST.**

CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **Secretary** ☒ Change ☐ Addition

2.2 NAME **Wanda Whitehead**

2.3 STREET ADDRESS **City Hall-300 S. Adams St.**

2.4 CITY-ST-ZIP **Tallahassee, FL 32301**

3.1 TITLE **Treasurer** ☒ Change ☐ Addition

3.2 NAME **Mack Rush**

3.3 STREET ADDRESS **208 W. Carolina St.**

3.4 CITY-ST-ZIP **Tallahassee, FL 32301**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

*Gwen Lucas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/98 (850) 891-4000  
Date Daytime Phone #

CR2E037 (5/98)