2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N04046

Entity Name: TAYLOR COUNTY LEADERSHIP COUNCIL, INC.

Current Principal Place of Business:

1202 MLK JR AVE
PERRY, FL 32348 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1915
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-2482011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONROE, WILLIAM
3615 GULFCOURSE RD
PERRY, FL 32348 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:	CEOT	( ) Delete
Name:	MCLEOD, HORACE DR.	
Address:	8995 NW 6TH	
City-St-Zip:	PLANTATION COURT, FL 33324	
Title:	P	( ) Delete
Name:	SIRMANS, JOHNNY	
Address:	511 SOUTH WARNEA AVENUE	
City-St-Zip:	PERRY, FL 32348	
Title:	TBM	( ) Delete
Name:	BELLAMY, AMOS	
Address:	204 ALICE ST	
City-St-Zip:	PERRY, FL 32347	
Title:	ST	( ) Delete
Name:	YOUNG, LEE	
Address:	1352 W HAMPTON SPRS AVE	
City-St-Zip:	PERRY, FL 32348	
Title:	DBM	( ) Delete
Name:	MONROE, WILLIAM	
Address:	3615 GULFCOURSE RD	
City-St-Zip:	PERRY, FL 32348	
Title:	SEC	( ) Delete
Name:	MCNEALY, ALLISON D	
Address:	3021 HOMEWOOD PLACE	
City-St-Zip:	TALLAHASSEE, FL 32303	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DR. HORACE F. MCLEOD CEO 04/18/2008

Electronic Signature of Signing Officer or Director — Date