

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04046

FILED
Apr 21, 2009
Secretary of State

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:

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City-St-Zip:

Title: () Change () Addition
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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: ALLISON D. MCNEALY

SEC

04/21/2009

Electronic Signature of Signing Officer or Director

Date