FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12058 (6).

1. Corporation Name

TALLAHASSEE HARAMBEE ARTS & CULTURAL HERITAGE COUNCIL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3307 THOMAS BUTLER RD TALLAHASSEE FL 32308	3307 THOMAS BUTLER RD TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 11/13/1985
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-0977035 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 1732 BEECHWOOD CIR. N.
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: 32301 25 Country:

26 2a. Mailing Address:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKAY, WILMA KAY
3307 THOMAS BUTLER RD
TALLAHASSEE FL 32308

1732 BEECHWOOD CIR. N.
32301

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Wilma K. McKay — Wilma K. McKay — 5/1/95
Signature, Typed or printed name of registering agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	REDDINGS, JANIE	12 NAME	
STREET ADDRESS	WILLOW BEND WAY	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BARBER, BEVERLY A.	22 NAME	900001472439
STREET ADDRESS	1886 LOG RIDGE TRAIL	23 STREET ADDRESS	-05/03/95--01023--004
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	****138.75 ****138.75
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CARR, MAE BELL	32 NAME	
STREET ADDRESS	2115 ROSE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KING, IMOGENE	42 NAME	
STREET ADDRESS	623 HAMPTON AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☒ Change ☐ Addition
NAME	MCKAY, WILMA K.	52 NAME	
STREET ADDRESS	3307 THOMAS BUTLER RD	53 STREET ADDRESS	1732 BEECHWOOD CIR. N.
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	32301
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Wilma K. McKay — Wilma K. McKay — 5/1/95 — 488-0375
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027401