

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N12058 (6)

1. Corporation Name

TALLAHASSEE HARAMBEE ARTS & CULTURAL HERITAGE CO  
UNCIL, INC.

Principal Place of Business

Mailing Address

1732 BEECHWOOD CIR. NORTH  
TALLAHASSEE FL 32301

1732 BEECHWOOD CIR. NORTH  
TALLAHASSEE FL 32301



3. Date Incorporated or Qualified

11/13/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26

27

28

29

30

4. FEI Number

59-0977035

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKAY, WILMA KAY  
1732 BEECHWOOD CIR. NORTH  
TALLAHASSEE FL 32301

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

*Wilma K. McKay*

Wilma K. McKay, President 5/17/96

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME REDDINGS, JANIE  
STREET ADDRESS WILLOW BEND WAY  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME BARBER, BEVERLY A.  
STREET ADDRESS 1886 LOG RIDGE TRAIL  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE  
NAME CARR, MAE BELL  
STREET ADDRESS 2115 ROSE STREET  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☒ DELETE  
NAME KING, IMOGENE  
STREET ADDRESS 623 HAMPTON AVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE P ☐ DELETE  
NAME MCKAY, WILMA K.  
STREET ADDRESS 1732 BEECHWOOD CIR. NORTH  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☐ Change ☒ Addition  
12 NAME L. Yvonne Tucker  
13 STREET ADDRESS 3007 KEVIN STREET  
14 CITY-ST-ZIP TALLAHASSEE FL 32301

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME 400001859324  
53 STREET ADDRESS -06/12/96--01022--015  
54 CITY-ST-ZIP \*\*\*70.00

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilma K. McKay, Pres. 5/17/96 488-0375

CR2E037 (12/95)