

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 # N17198 (5)

1. Corporation Name

TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU,
INC.



Principal Place of Business

Mailing Address

C/O COLLINS, LEE
200 W COLLEGE AVE
TALLAHASSEE FL 32301
US

C/O COLLINS, LEE
200 W COLLEGE AVE
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified

10/09/1986

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Mathis, Jeanine

26 c/o Mathis, Jeanine

4. FEI Number

59-2788437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 Suite, Apt. #, etc.

22 200 W. College Ave.

23 City & State

23 Tallahassee, FL

24 Zip

24 32301

25 Country

25 Leon

26 Suite, Apt. #, etc.

26 200 W. College Ave.

27 City & State

27 Tallahassee, FL

28 Zip

28 32301

29 Country

29 Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, LEE
200 W. COLLEGE
TALLAHASSEE FL 32301

81 Name

81 Mathis, Jeanine

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

82 200 W. College Ave.

83 City

83 Tallahassee

84 Zip Code

84 32301

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 Jeanine Mathis, Bookkeeper

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

01/18/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME BRADY, MICKEY
STREET ADDRESS 2735 N. MONROE ST..
CITY - ST - ZIP TALLAHASSEE FL

1.1 TITLE VCD ☒ Change ☐ Addition

1.2 NAME Brady, Mickey
1.3 STREET ADDRESS 2735 N. Monroe St.
1.4 CITY - ST - ZIP Tallahassee, FL 32303

TITLE PCD ☒ DELETE

NAME MOORE, KAREN
STREET ADDRESS 1699 N. MONROE STREET
CITY - ST - ZIP TALLAHASSEE FL

2.1 TITLE P ☐ Change ☒ Addition

2.2 NAME Wright, Charles
2.3 STREET ADDRESS 200 W. College Ave.
2.4 CITY - ST - ZIP Tallahassee, FL 32301

TITLE CD ☐ DELETE

NAME WEST, J.W.
STREET ADDRESS 1018 APALACHEE PKWY.
CITY - ST - ZIP TALLAHASSEE FL

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME West, J. W.
3.3 STREET ADDRESS 1018 Apalachee Pkwy.
3.4 CITY - ST - ZIP Tallahassee, FL 32301

TITLE VCD ☐ DELETE

NAME LENBERG, LUANNE
STREET ADDRESS 1500 APALACHEE PARKWAY
CITY - ST - ZIP TALLAHASSEE FL

4.1 TITLE CD ☒ Change ☐ Addition

4.2 NAME Lenberg, Luanne
4.3 STREET ADDRESS 1500 Apalachee Pkwy.
4.4 CITY - ST - ZIP Tallahassee, FL 32301

TITLE D ☒ DELETE

NAME MCCORMICK, KAY
STREET ADDRESS 1507 RAYMOND DIEHL
CITY - ST - ZIP TALLAHASSEE FL 32308

5.1 TITLE TD ☐ Change ☒ Addition

5.2 NAME Shiell, Bernie
5.3 STREET ADDRESS 522 Scotty's Lane
5.4 CITY - ST - ZIP Tallahassee, FL 32303

TITLE D ☒ DELETE

NAME BILL HAGEN
STREET ADDRESS P.O. BOX 1733 N/A
CITY - ST - ZIP TALLAHASSEE FL 32302

6.1 TITLE SD ☐ Change ☒ Addition

6.2 NAME Daws, Russell
6.3 STREET ADDRESS 3945 Museum Drive
6.4 CITY - ST - ZIP Tallahassee, FL 32310

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: Charles Wright 01/18/96 (904)413-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)