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FILED

Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 MATHIS, JEANINE  
200 W COLLEGE AVE  
TALLAHASSEE FL 32301  
USC/O MATHIS, JEANINE  
200 W COLLEGE AVE  
TALLAHASSEE FL 32301-7710  
US3. Date Incorporated or Qualified  
10/09/19863a. Date of Last Report  
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2788437

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

MATHIS, JEANINE  
200 W. COLLEGE AVE.  
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

Signature: typed or printed name of registered 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 VCD ☐ DELETE  
NAME BRADY, MICKEY  
STREET ADDRESS 2735 N. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE FL 323031.1 TITLE CO ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE P ☐ DELETE  
NAME WRIGHT, CHARLES  
STREET ADDRESS 200 W. COLLEGE AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 323012.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME WEST, J.W.  
STREET ADDRESS 1018 APALACHEE PKWY.  
CITY-ST-ZIP TALLAHASSEE FL 323013.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME Collins, Becky  
3.3 STREET ADDRESS 1900 Capital Circle, SW  
3.4 CITY-ST-ZIP Tallahassee, FL 32310TITLE CD ☐ DELETE  
NAME LEMBERG, LUANNE  
STREET ADDRESS 1500 APALACHEE PARKWAY  
CITY-ST-ZIP TALLAHASSEE FL 323014.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME SHIELL, BERNIE  
STREET ADDRESS 522 SCOTTY'S LANE  
CITY-ST-ZIP TALLAHASSEE FL 323035.1 TITLE SD ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME DAWS, RUSSELL  
STREET ADDRESS 3945 MUSEUM DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 323106.1 TITLE VCD ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0007888

1/8/97 (904) 413-9200

CR2E037 (9/96)