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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17198** (5)

1. Corporation Name

TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU, INC.



Principal Place of Business C/O MATHIS, JEANINE 200 W COLLEGE AVE TALLAHASSEE FL 32301 US	Mailing Address C/O MATHIS, JEANINE 200 W COLLEGE AVE TALLAHASSEE FL 32301 US
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3. Date Incorporated or Qualified 10/09/1986	
4. FEI Number 59-2788437	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 c/o NANCY SAUNDERS		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MATHIS, JEANINE 200 W. COLLEGE AVE. TALLAHASSEE FL 32301	
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10. Name and Address of New Registered Agent 81 Name NANCY SAUNDERS	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 <i>Nancy Saunders</i> 3-18-98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	BRADY, MICKEY
STREET ADDRESS	2735 N. MONROE ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WRIGHT, CHARLES
STREET ADDRESS	200 W. COLLEGE AVENUE
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	COLLINS, BECY
STREET ADDRESS	1900 CAPITAL CIRCLE, SW
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	DAWS, RUSSELL
STREET ADDRESS	3945 MUSEUM DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	C/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/D BILL MOELLER
5.3 STREET ADDRESS	313 WESCOTT BLDG
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VC/D BERNIE SHIELL
6.3 STREET ADDRESS	522 SCOTTY'S LANE
6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303

14. I 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.
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SIGNATURE: *Nancy Saunders*

CR2E037 (10/97)