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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 25 PM 1:50
02-25-1999 90088 048 ****61.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N17198

1. Corporation Name
TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU, INC.

Principal Place of Business	Mailing Address
C/O MATHIS, JEANNE 200 W COLLEGE AVE TALLAHASSEE FL 32301 US	C/O NANCY SAUNDERS 200 W COLLEGE AVE TALLAHASSEE FL 32301 US

2. Principal Place of Business	2a. Mailing Address	
21 c/o NANCY SAUNDERS	26	3. Date Incorporated or Qualified: 10/09/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO BOX 1369	4. FEI Number: 59-2788437 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAUNDERS, NANCY 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 Nancy Saunders (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 1-6-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	TREASURER D	☐ Change ☒ Addition
NAME	MOELLER, BILL		1.2 NAME	JOHN PROCTOR	
STREET ADDRESS	313 WESCOTT BLDG		1.3 STREET ADDRESS	234 E. 7TH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	P	☐ DELETE	2.1 TITLE	VICE-CHAIR D	☐ Change ☒ Addition
NAME	WRIGHT, CHARLES		2.2 NAME	SUSAN STRATTON	
STREET ADDRESS	200 W. COLLEGE AVENUE		2.3 STREET ADDRESS	964 ROSE BAY CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VCD	☐ DELETE	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	SHIELL, BERNIE		3.2 NAME		
STREET ADDRESS	522 SCOTTY'S LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAWS, RUSSELL		4.2 NAME		
STREET ADDRESS	3945 MUSEUM DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	SECRETARY D	☐ Change ☒ Addition
NAME			5.2 NAME	JOHN BENSON	
STREET ADDRESS			5.3 STREET ADDRESS	101 S. ADAMS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 1/27/99 413-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)