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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N34827

(8)

COUNCIL OF NEIGHBORHOOD ASSOCIATIONS OF TALLAHAS SEE-LEON COUNTY, INC.

FILED May 16 1997 8:00am Secretary of State



P.O. BOX 1462 Tallahassee FL 32302			P.O. BOX 1462 Tallahassee FL 32302-1462						
						3. Date incorporated or Qual 10/23/1989	lified 3a. D	ate of Last F 06/26/19	
2. Principal I	Place of Business	2a. Mailir	ng Address			4. FEI Number		A	pplied For
21		26				59-2123181		N	ot Applicable
Suite, Apt	t #, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desire	be D		Additional equired
City & Sta	ale		k State			6. Election Campaign Finance	ino		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Coun	lry -	8. This corporation has liabili			s. 199.032,
24	25	29		30		Florida Statutes	Yes		
	9. Name and Address of Curr	rent Registered	Agent		31	10. Name and Address of No	ew Registered	Agent	
				18	Name	DAN MEDANTER			
CALLAN				Ē	2 Street A	Address (P.O. Box Number is Not Acc	ceptable)		
	DRSYTHE WAY			ļ.,		907 IVAN DRIVE			
TALLAH	IASSEE FL 32308			•	13				
				Ī	4 City	TALLAHASSEE		85 Zip	Code 303
					1	HCCHHH135CC	FL	_ 32	≥ 3 Ø3
11. Pursuant office or	it to the provisions of Sections 617.0 registered agent, or both, in the Sta	0502 and 617.150 ate of Florida, Suc	18, Florida Statut ch cha n se was i	es, the a bo authorized	ove-named by the cord	corporation submits this statement for oriation's board of directors. I hereby	r the purpose of accept the ap	of changing i pointment as	its registered s reaistered
agent. I	am familiar with, and accept the ob-	ligations of, Secti		orida Statu	198	1)	04/25	-10-	
SIGNATURE	DAN MEDANIN		Lan	19	= (deme	<u>{</u>	0725	[7/_	
10	Signature, typed or printed name of registered				gerk eignature	required when reinstating) ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
12 .	OFFICERS A	agent and title if applice AND DIRECTORS	}	13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	OFFICERS A			13. 1.1 TITL	E	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	
TITLE NAME	OFFICERS A PD MCDANIEL, DAN		}	13. 1.1 Titl 1.2 NAA	E AE	ADDITIONS/CHANGES TO D EDWINA STEPHONS LOBE FAMCEE ST			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD MCDANIEL, DAN 1907 IVAN DRIVE TALLAHASSEE FL 3-23	AND DIRECTORS	}	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	E ME EET ADDRESS !-ST-ZIP	ADDITIONS/CHANGES TO D EDWINA STEPHENS 608 FAMCEE ST TALLAHASSEE, FL			Addition
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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: DAN MEDANET PRESIDENT TO SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

904-942-8956

Daytime Phone # 0008052