

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34827 (8)

1. Corporation Name
COUNCIL OF NEIGHBORHOOD ASSOCIATIONS OF TALLAHASSEE-LEON COUNTY, INC.

Principal Place of Business P.O. BOX 1462 TALLAHASSEE FL 32302	Mailing Address P.O. BOX 1462 TALLAHASSEE FL 32302-1462
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/23/1989	3a. Date of Last Report 06/26/1996
4. FEI Number 59-2123181		5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CALLAN, JACK 3832 FORSYTHE WAY TALLAHASSEE FL 32308		10. Name and Address of New Registered Agent 81 Name DAN MEDANIEL 82 Street Address (P.O. Box Number is Not Acceptable) 1907 IVAN DRIVE 83 84 City TALLAHASSEE FL 85 Zip Code 32303	
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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 **DAN MEDANIEL** (Signature) **04/25/97** DATE

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MCDANIEL, DAN	1.2 NAME	EDWINA STEPHENS
STREET ADDRESS	1907 IVAN DRIVE	1.3 STREET ADDRESS	608 FAMCEE ST
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	VD	2.1 TITLE	D
NAME	FULFORD, BOB	2.2 NAME	BRIAN DOUGAN
STREET ADDRESS	231 WESTRIDGE DR	2.3 STREET ADDRESS	6400 KINGMAN TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VD	3.1 TITLE	D
NAME	ROBERTS, DOROTHY	3.2 NAME	MARY MILTON
STREET ADDRESS	1508 WEKAWA NENE	3.3 STREET ADDRESS	110 HENDERSON ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	TD	4.1 TITLE	D
NAME	CALLAN, JACK	4.2 NAME	ROBERT OLMSTED
STREET ADDRESS	3832 FORSYTHE WAY	4.3 STREET ADDRESS	1412 S. MORTON
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	TD	5.1 TITLE	D
NAME	W. DOUGLAS TOWNES	5.2 NAME	EDWARD MALO
STREET ADDRESS	4728 TORY SOUND LANE	5.3 STREET ADDRESS	2312 EASTGATE WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308	5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D	6.1 TITLE	D
NAME	DOROTHY SPENCE	6.2 NAME	DEBORAH NEWHALL
STREET ADDRESS	310 CHAZRES RD	6.3 STREET ADDRESS	1518 RANKIN AVE
CITY-ST-ZIP	TALLAHASSEE, FL 32311	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **DAN MEDANIEL, PRESIDENT** (Signature) **04/25/97** DATE **904-942-8956** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)