


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91051 025 ****61.25

DOCUMENT # N34827 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2123181	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent	
SPENCE, DOT 3982 CHAIRES CROSS ROAD TALLAHASSEE, FL 32317				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD PATTERSON, GREGG <input type="checkbox"/> Delete STREET ADDRESS 2770 THORNTON ROAD CITY-ST-ZIP TALLAHASSEE, FL 32308			TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D SPENSE, DOT <input type="checkbox"/> Delete STREET ADDRESS 3982 CHAIRES CROSS ROAD CITY-ST-ZIP TALLAHASSEE, FL 32317			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D POTTER, TRAVIS <input type="checkbox"/> Delete STREET ADDRESS 2752 OAK PARK COURT CITY-ST-ZIP TALLAHASSEE, FL 32308			TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	VD ZMUD, JANA <input type="checkbox"/> Delete STREET ADDRESS 1646 MITCHELL AVE CITY-ST-ZIP TALLAHASSEE, FL 32303			TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D TRULL, ALBERT <input checked="" type="checkbox"/> Delete STREET ADDRESS 216 E. OAKLAND AVE. CITY-ST-ZIP TALLAHASSEE, FL 32301			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D TURNER, MARSHA <input type="checkbox"/> Delete STREET ADDRESS 410 TERRACE STREET CITY-ST-ZIP TALLAHASSEE, FL 32308			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kent B. Hutchinson</i> Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Kent B. Hutchinson				4-23-04 8504879164 <small>Date Daytime Phone #</small>	

Attachment

14008926

#N34827.

D

Axelrad, Don
6457 Fitz Lane
Tallahassee, FL 32311

D

Dew, John
6527 Chevy Way
Tallahassee, FL 32307

TD

Hutchinson, Kent
~~911 San-Luis Rd.~~
Tallahassee, FL 32304

D

Perry, Irene
3105 Rackley Dr.
Tallahassee, FL 32310

SD

Spellman, Hella
1400 N. Monroe St.
Tallahassee, FL 32303

VD

Williams, Jimmy
1567 Fernando Dr.
Tallahassee, FL 32303