

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34827

FILED  
May 05, 2005  
Secretary of State

**Entity Name:** COUNCIL OF NEIGHBORHOOD ASSOCIATIONS OF TALLAHASSEE-LEON COUNTY, INC.

**Current Principal Place of Business:**

P.O. BOX 1462  
TALLAHASSEE, FL 32302

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1462  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-2123181      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPENCE, DOT  
3982 CHAIRES CROSS ROAD  
TALLAHASSEE, FL 32317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PATTERSON, GREGG  
Address: 2770 THORNTON ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: SPENSE, DOT  
Address: 3982 CHAIRES CROSS ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD ( ) Delete  
Name: POTTER, TRAVIS  
Address: 2752 OAK PARK COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: ZMUD, JANA  
Address: 1646 MITCHELL AVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: TURNER, MARSHA  
Address: 410 TERRACE STREET  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, JIMMY  
Address: 1567 FERNANDO DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD (X) Change ( ) Addition  
Name: HUTCHINSON, KENT B TREAS  
Address: 911 SAN LUIS ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Change (X) Addition  
Name: AXELRAD, DON V  
Address: 6457 FITZ LANE  
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT B. HUTCHINSON

TD

05/05/2005

Electronic Signature of Signing Officer or Director

Date