

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90050 045 \*\*\*\*61.25

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**DOCUMENT # N40053**

1. Corporation Name

**THE TALLAHASSEE SCIENTIFIC SOCIETY, INCORPORATED**

Principal Place of Business

C/O ANGELA MORRISON  
123 SOUTH CALHOUN ST.  
TALLAHASSEE FL 32301

Mailing Address

C/O ANGELA MORRISON  
123 SOUTH CALHOUN ST.  
TALLAHASSEE FL 32301



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**09/20/1990**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3128863**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

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

**MORRISON, ANGELA**  
**C/O HOPPING, BOYD, GREEN AND SAMS**  
**123 SOUTH CALHOUN ST.**  
**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE  
NAME **EDELSON, DAVID**  
STREET ADDRESS **1107 KENILWORTH RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE  
NAME **GREEN, BILL**  
STREET ADDRESS **123 SOUTH CALHOUN ST.**  
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE  
NAME **HALL, AL**  
STREET ADDRESS **4335 SHERBORNE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE  
NAME **BROWN, FRANKLIN**  
STREET ADDRESS **1811 RAA AVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **THAGARD, DR. NORMAN**  
STREET ADDRESS **502 NORTH RIDE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

5.1 TITLE **DP** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **DAWSON, JOEL**  
STREET ADDRESS **1615 SEMINOLE DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE **DS** ☒ Change ☐ Addition  
6.2 NAME **DENNIS, DR. LARRY**  
6.3 STREET ADDRESS **648 DERBYSHIRE DRIVE**  
6.4 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

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:

*David Edelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)