

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90030 029 \*\*\*\*61.25

**DOCUMENT # N40648**

1. Entity Name

HOME CORPORATION OF TALLAHASSEE



Principal Place of Business

219 OFFICE PLAZA DRIVE  
TALLAHASSEE FL 32301

Mailing Address

219 OFFICE PLAZA DRIVE  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3044426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JUGENHEIMER, DICK  
2436 CASTLETOWER RD  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

George Englemark

Street Address (P.O. Box Number is Not Acceptable)

2436 Castletower Road

City

Tallahassee,

FL

Zip Code

32301

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

*George R. Englemark*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-04

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SEAMANS, GARY ☒ Delete  
STREET ADDRESS 1129 NANDINA COURT  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VD  
NAME FITZGERALD, PAUL ☒ Delete  
STREET ADDRESS 4010 DELVIN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE TD  
NAME SHOEMAKER, JACK ☐ Delete  
STREET ADDRESS 1510 MITCHELL AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE S  
NAME ENGLEMARK, GEORGE ☐ Delete  
STREET ADDRESS 2436 CASTLETOWER RD  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME Paul Fitzgerald  
STREET ADDRESS 4010 Delvin Drive  
CITY-ST-ZIP Tallahassee, FL. 32309

TITLE Vice President ☒ Change ☐ Addition  
NAME Augustine M. Nwabuzor  
STREET ADDRESS 2529 Lemon Lane  
CITY-ST-ZIP Tallahassee, FL. 32308

TITLE Treasurer ☐ Change ☐ Addition  
NAME Jack Shoemaker  
STREET ADDRESS 1510 Mitchell Ave. Talla, 32303

TITLE Secretary ☐ Change ☐ Addition  
NAME George Englemark  
STREET ADDRESS 2436 Castletower Road  
CITY-ST-ZIP Tallahassee, FL. 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Jack Shoemaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

850-877-7910

Date

Daytime Phone #