

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004597 (1)

1. Corporation Name

TALLAHASSEE CHESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3305 VASSAR CT
TALLAHASSEE FL 32308
US

3305 VASSAR CT
TALLAHASSEE FL 32308
US

3. Date Incorporated or Qualified
10/12/1993

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3154571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TER LOUW, JAY D
3305 VASSAR CT
TALLAHASSEE FL 32308

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

TITLE PD ☐ DELETE
NAME TER LOUW, JAY D
STREET ADDRESS 3305 VASSAR CT
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE
NAME WILLIAMS, GEORGE
STREET ADDRESS P O BOX 58 CR 274 AT RALPH RICHARDS RD
CITY-ST-ZIP GREENSBORO FL

TITLE TD ☐ DELETE
NAME WHAYNE, EARL
STREET ADDRESS 1427 IDLE WILD DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ DELETE
NAME SALIBA, JEAN-PIERRE
STREET ADDRESS 1115 RICHVIEW DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ANDERSON, WILLIAM ☒ Change ☐ Addition
1.2 NAME PD
1.3 STREET ADDRESS P.O. BOX 1862 N/A
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32302

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME TER LOUW, JAY D
2.3 STREET ADDRESS 3305 VASSAR CT
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

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

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME MCTIGUE, WILLIAM
4.3 STREET ADDRESS 5547 MOSSY TOP WAY
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32303

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 200001801542
5.4 CITY-ST-ZIP -04/30/96--01072--034

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JAY TER LOUW, JAY TER LOUW, Vice-President 4/29/96 (904) 921-8691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)