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COF ANNU	ONPROFIT RPORATION UAL REPORT 1997		Sandra Secre	ARTMENT OF STATE B. Mortham tary of State CORPORATIONS		.997 8:00a ary of State	
	on Name		OO1147 (7 T CORPORATION,		1 1831/141 DAG SOMA OLDA DÖRA DOLA I	40UU 40UU 40UU 40UU 92UU 92UU 92UU 92U	
Principal Place of Business Mailing Address							
NONPROFIT CORPORATION ANNUAL REPORT 1997 DOCUMENT # N9400001147 (7) TALLAHASSEE LOCAL DEVELOPMENT CORPORATION, INC. Principal Place of Business Mailing Address 982 RICHARDSON RD. TALLAHASSEE FL \$2301 MONPROFIT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS PLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS Mailing Address 982 RICHARDSON RD. TALLAHASSEE FL \$2301 TALLAHASSEE FL \$2301 TALLAHASSEE FL \$2301 TALLAHASSEE FL \$2301 TALLAHASSEE FL \$2301							
11 17					 Date Incorporated or Qualified 03/08/1994 	3a. Date of Last Report 06/28/1996	
2. Principal P	Place of Business)	2a. Mailing Address		4, FEI Number 59-3279553	Applied For Not Applica	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	te		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
23 Zip	1 6	ountry	Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	2	19	30		Yes No	
	9. Name and A	ddress of Current Re	gistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
11. Pursuant	to the provisions of	Sections 617.0502 an	d 617.1508, Florida Stati	utes, the above-named construction	rporation submits this statement for the	purpose of changing its register	
11. Pursuant office or r agent, I a SIGNATURE			•		rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its register opt the appointment as registere	
SIGNATURE 12.	Signature, typed or printer	Sections 617.0502 an both, in the State of F I accept the obligation of name of registered agent and OFFICERS AND DI	Little If applicable (NC	off: Registered Agont signature requality		purpose of changing its register opt the appointment as registere DATE CERS AND DIRECTORS IN 12	
SIGNATURE	Signature, typed or printed	d name of registered agent and OFFICERS AND DI	Little If applicable (NC	13.	ulred when reinstating)	purpose of changing its register opt the appointment as registere DATE	
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I do nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). 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.