

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 # N94000004469 (2)

1. Corporation Name

WEST TALLAHASSEE BUSINESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4244 WEST TENNESSEE STREET
BOX 155
TALLAHASSEE FL 32301**

**4244 WEST TENNESSEE STREET
BOX 155
TALLAHASSEE FL 32301**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

32304

32304

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, JACK
4244 WEST TENNESSEE STREET
BOX 155
TALLAHASSEE FL 32301**

32304

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 **DP** ☐ DELETE
NAME **MUNROE, RAY B**
STREET ADDRESS **320 W. TENNESSEE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **STEVE BULECZA**
1.3 STREET ADDRESS **2622 WEST TENNESSEE**
1.4 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **DV** ☒ DELETE
NAME **LANE, GEORGE JR**
STREET ADDRESS **300 W. TENNESSEE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **JAY BOSTWICK**
2.3 STREET ADDRESS **4800 WOODLANE CIR**
2.4 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **DS** ☐ DELETE
NAME **ALLEN, PACE JR**
STREET ADDRESS **2121 W. TENNESSEE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

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

TITLE **DT** ☐ DELETE
NAME **COX, JACK**
STREET ADDRESS **4244 WEST TENNESSEE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **DA** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jack Cox, Secretary WTBAA

1/21/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)