

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90064 030 ****61.25

DOCUMENT # N94000004469

1. Corporation Name

WEST TALLAHASSEE BUSINESS ASSOCIATION, INC.

Principal Place of Business

**4244 WEST TENNESSEE STREET
BOX 155
TALLAHASSEE FL 32304
US**

Mailing Address

**4244 WEST TENNESSEE STREET
BOX 155
TALLAHASSEE FL 32304
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

09/13/1994

4. FEI Number

59-3297282

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**

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

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BULECZA, STEVE**
CITY-ST-ZIP **2622 WEST TENNESSEE
TALLAHASSEE FL**

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

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

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BOSTWICK, JAY**
CITY-ST-ZIP **4800 WOODLANE CIR
TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/99 (850) 576-9325

CR2E037 (11/98)