

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**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90042 006 \*\*\*\*61.25

**DOCUMENT # N94000004892**

1. Corporation Name

**CHAIRES CAPITOLA NEIGHBORHOOD ASSOCIATION, INC.**

\* 2 8 5 5 6 2 \*

285562 - 90042 - 6

Principal Place of Business

3982 CHAIRES CROSS RD  
TALLAHASSEE FL 32311  
US

Mailing Address

3982 CHAIRES CROSS RD  
TALLAHASSEE FL 32311  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**10/04/1994**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-3204068**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'STEEN, J.C.**  
**177 SALEM COURT**  
**TALLAHASSEE FL 32301**

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 **P SPENCER, DOROTHY C**  
STREET ADDRESS **310 CHAIRES CROSS RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ DELETE  
NAME **VP CINDI SEDBERRY, JAMES**  
STREET ADDRESS **ELLIS ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ DELETE  
NAME **S PEGGY SURLS**  
STREET ADDRESS **328 CHAIRES CROSSROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ DELETE  
NAME **T PAULK, BOBBY G**  
STREET ADDRESS **RT 2 BOX 583**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ DELETE  
NAME **D GOUETT, FRANK**  
STREET ADDRESS **1629 HILL & DALE S**  
CITY-ST-ZIP **TALL FL**

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

TITLE ☐ DELETE  
NAME **D AT BEVERIDGE**  
STREET ADDRESS **OLD ST AUGUSTINE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

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:

BOBBY PAULK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99

Date

921-0758

Daytime Phone #

CR2E037 (11/98)