FILE NOW: FILING FEE IS \$61,25

											
NONPROFIT CORPORATION ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS											
DOCUMENT # N95000002178 (0) 1. Corporation Name							99 JUN -7 PN 2:39				
THE ECONOMIC DEVELOPMENT COUNCIL OF TALLAHASSEE?											
LEON COUNTY, INC						TÄLE / HAN SEL FLORIDA					
Principal Place of Business Mailing Address											
100 N. Duval St P.O. Box 1639 Tallahassee, FL 32301 Tallahassee, Fl					201	- {					
	32301	ialianassee,	ΓŢ	32	2301						
Principal Place of Business							Date Incorporated or Qualified				
21	26	74401033				5/05/1995			}		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					4. FEI Number 59-3374108		نضاحا	olied For	
City & State		City & State	ity & State						\$8.75 A	Applicable	
23		28					5. Certificate of Status Desired	<u>K</u>)	Fee Red		
Zip Country Zip 24 25 29 30				Country			Election Campaign Financing Trust Fund Contribution	K I	\$5.00 to Added to		
	9. Name and Address of Current		<u> </u>	Ι		1	10. Name and Address of New R	egistered A		rees	
81 N											
Kelley, Joseph A. 100 N. Duval St					Street Ad	ddres	s (P.O. Box Number is Not Accepta	ble)			
Tallahassee, FL 32301				83							
•	, 12, 32,01			84	City				85 Zip C	ode	
11 Duranget	to the provisions of Sections 617.0502	and 617 1609. Elected Statutes	the e	L				FL	1 1		
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was auth	norize	d by t	he corpora	ation's	s board of directors. I hereby accep	t the appoin	manging its i Iment as reg	istered	
SIGNATURE	maning with and accept the obligant	and or, deciron of the dada, i folio	ia ylai	uics.						}	
12.	Signature, typed or printed name of registered agent in OFFICERS AND		egistere 13.	Agent	signalure requ	uired w	hen reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	PS IN 12	
TITLE				11 TITLE			ADDITIONS/OFFANGES TO OFF	IOENS AN	Change	Addition	
NAME	menous, manacon n		1.2 N	1.2 NAME						}	
STREET ABORESS	2120 Killearney Way			1.3 STREET ADDRESS			Elemente			\	
CITY-ST-ZIP	C or ere			1.4 CITY-ST-ZIP 2.1 TITLE			000002: -06/17	:		A Addition	
NAME .	CB			2.2 NAME					****		
STREET ADDRESS	201 S Monroe St			23 STREET ADDRESS				,			
CITY-ST-ZIP	Tallahassee, FL 32301			2 4 CiTY-ST-ZIP 31 TITLE					F30:	F2.1415	
TITLE NAME				AME.					Change	Addition	
STREET ADDRESS					ADORESS					}	
CITY-ST-ZIP	Tallahassee, FL 32301			3.4 CITY-ST-ZIP							
TITLE	D'Alemberte, Sandy Dr.			4.1 YITLE					☐ Change	Addition	
NAME STREET ADDRESS	211 Wasses 211			4 2 NAME 4.3 STREET ADDRESS						}	
CITY-ST-ZIP	CITY-SY-ZIP Tallahassee, FL 32306				-ZIP						
TITLE	D DELETE			5 1 TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	nortey, booopi n			52 NAME 53 STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP				54 CITY-ST-ZIP						Į.	
TITLE	DELETE 6			6.1 TITLE					[] Change	☐ Addition	
NAME	1			IAME					ાં ક 🖀	8	
STREET ADDRESS				TREET XTY-ST	ADORESS				•		
CITY-ST-ZIP			3.0	411-01	- est						

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 exception or trustee empowered to execute this report as required by Chapter 517. 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:

Joseph A Kelley 6/7/99 850-224-8116

Beginn Ture AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Days Printed Name Phone #