

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 # **N95000005238 (9)**

1. Corporation Name

EAST TALLAHASSEE BUSINESS ASSOCIATION, INC.



Principal Place of Business
1330 Thomasville Rd.
~~200 REMINGTON GREEN CIRCLE~~
~~SUITE 4~~
TALLAHASSEE FL 32303

Mailing Address
1330 Thomasville Rd.
~~200 REMINGTON GREEN CIRCLE~~
~~SUITE 4~~
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified
11/06/1995

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, J. LAYNE
~~200 REMINGTON GREEN CIRCLE~~ **1330 Thomasville Rd.**
~~SUITE 4~~
TALLAHASSEE FL 32303

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EARLY DUGGAR, EARLY	
STREET ADDRESS	4141 APALACHEE PARKWAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVE GEORGE JR.	
STREET ADDRESS	1015 KILBURN CENTER BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WRIGHT EDWARD CARRAWAY	
STREET ADDRESS	200 EAST WASHINGTON 2000 Apalachee Pkwy	
CITY-ST-ZIP	TALLAHASSEE FL 32304 TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID N. NERLAND	
1.3 STREET ADDRESS	215 S. MONROE ST., 1ST FLOOR	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
2.1 TITLE	PRES-ELECT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	J. LAYNE SMITH	
2.3 STREET ADDRESS	1330 THOMASVILLE RD.	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David Nerland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/96

425-1000

CR2E037 (12/95)