

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001690**

1. Entity Name

TALLAHASSEE AREA CREW, INC.



Principal Place of Business

2939 N. UMBERLAND DRIVE  
TALLAHASSEE, FL 32312 US

Mailing Address

2939 N. UMBERLAND DRIVE  
TALLAHASSEE, FL 32312 US



04092004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3369684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVES, JAMES S  
6309 PICKNEY HILL ROAD  
TALLAHASSEE, FL 32312

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000110662  
04/12/04-80092-012 61.25

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ALVES, JAMES S  
STREET ADDRESS 6309 PICKNEY HILL ROAD  
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE V  
NAME BUDELL, RICH  
STREET ADDRESS 6712 CHEVY WAY  
CITY - ST - ZIP TALLAHASSEE, FL 32317

TITLE S  
NAME PHILLIPS, GINGER  
STREET ADDRESS 7992 HIDDEN OAK CT  
CITY - ST - ZIP TALLAHASSEE, FL 32317

TITLE T  
NAME GATZLAFF, KATHY  
STREET ADDRESS 2939 N UMBERLAND DRIVE  
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY GATZLAFF

Date

4/9/04

Daytime Phone #

6068-9812