


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003636

1. Corporation Name

Tallahassee Youth Council Initiative, Inc.
100 North Duval, P. O. Box 1639
Tallahassee, FL 32302

Principal Place of Business

Mailing Address

100 N. Duval
Tallahassee, FL 32302

P.O. Box 1639
Tallahassee, FL 32302

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		X Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

Mike Wallace
P.O. 1639
Tallahassee, FL 32302

10. Name and Address of New Registered Agent

81 Name Alton Evans
82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 37417
83 327 Office Plaza Drive
84 City Tallahassee FL 85 Zip Code 32315

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]
Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-2-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman	1.1 TITLE	Chair
NAME	James Denefield	1.2 NAME	James Denefield
STREET ADDRESS	223 South Gadsden	1.3 STREET ADDRESS	2614 Tupelo Terrace
CITY-ST-ZIP	Tallahassee, FL 32301	1.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	Vice-Chair	2.1 TITLE	Vice-Chair
NAME	Shirley Thompson	2.2 NAME	Brad Cole
STREET ADDRESS	200 Hawk Meadow Drive	2.3 STREET ADDRESS	2001 Apalachee Pkwy
CITY-ST-ZIP	Tallahassee, FL 32312	2.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	Secretary	3.1 TITLE	Sec./Treas.
NAME	Alton Evans	3.2 NAME	Alton Evans
STREET ADDRESS	P.O. Box 37417	3.3 STREET ADDRESS	327 Office Plaza Drive
CITY-ST-ZIP	Tallahassee, FL 32302	3.4 CITY-ST-ZIP	Tallahassee, FL 32302
TITLE	Treasurer	4.1 TITLE	D
NAME	Sean Bower	4.2 NAME	Joe Thomas
STREET ADDRESS	803 Lake Bradford Rd.	4.3 STREET ADDRESS	2301 Pasco Street
CITY-ST-ZIP	Tallahassee, FL 32302	4.4 CITY-ST-ZIP	Tallahassee, FL 32310
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Roberta Riggins
STREET ADDRESS		5.3 STREET ADDRESS	2729 W. Pensacola St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, FL 32304
TITLE		6.1 TITLE	Lewis Persons
NAME		6.2 NAME	Lewis Persons
STREET ADDRESS		6.3 STREET ADDRESS	1589 Metropolitan Blvd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee, FL 32308

14. I do 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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)

6/26