


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90009 040 ****61.25

DOCUMENT # N970000Q2383					
1. Entity Name GREATER TALLAHASSEE ADVERTISING FEDERATION, INC.					
Principal Place of Business PO BOX 37264 TALLAHASSEE, FL 32317			Mailing Address PO BOX 37264 TALLAHASSEE, FL 32317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent PERRY, CHRIS 1210 S. ADAMS STREET TALLAHASSEE, FL 32301					
7. Name and Address of New Registered Agent Name: <u>LORI JACKSON</u> Street Address (P.O. Box Number is Not Acceptable): <u>2040 DELTA WAY</u> City: <u>TALLAHASSEE</u> FL Zip Code: <u>32303</u>					
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME JOHNSON, HEATHER	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT (P/D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 327 OFFICE PLAZA DRIVE, SUITE 106	NAME JON BROWN				
CITY-ST-ZIP TALLAHASSEE, FL 32304	STREET ADDRESS 2450 TIM GAMBLE PLACE #258				
TITLE D			TITLE VICE PRESIDENT (V/D)		
NAME BROWN, JON			NAME NEIL BELL		
STREET ADDRESS 1020 E. LAFAYETTE STREET, SUITE 206B			STREET ADDRESS 4841 LAKE PARK DR.		
CITY-ST-ZIP TALLAHASSEE, FL 32301			CITY-ST-ZIP TALLAHASSEE, FL 32311		
TITLE D			TITLE TREASURER (T/D)		
NAME RAVENS CRAFT, MARK			NAME LORI JACKSON		
STREET ADDRESS 1619 APALACHEE PARKWAY, #476			STREET ADDRESS 2040 DELTA WAY		
CITY-ST-ZIP TALLAHASSEE, FL 32301			CITY-ST-ZIP TALLAHASSEE, FL 32303		
TITLE D			TITLE SECRETARY (S/D)		
NAME PERRY, CHRIS			NAME BRIAN SHINNERS		
STREET ADDRESS 1210 S. ADAMS STREET			STREET ADDRESS 2016 DELTA BLVD #201		
CITY-ST-ZIP TALLAHASSEE, FL 32301			CITY-ST-ZIP TALLAHASSEE, FL 32303		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: <u>[Signature]</u> <u>LORI JACKSON</u> <u>7/15/04</u> <u>8503869100</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54063361



07062004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3443330 Applied For Not Applicable

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HEATHER	
STREET ADDRESS	327 OFFICE PLAZA DRIVE, SUITE 106	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JON	
STREET ADDRESS	1020 E. LAFAYETTE STREET, SUITE 206B	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAVENS CRAFT, MARK	
STREET ADDRESS	1619 APALACHEE PARKWAY, #476	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRY, CHRIS	
STREET ADDRESS	1210 S. ADAMS STREET	
CITY-ST-ZIP	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT (P/D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JON BROWN	
STREET ADDRESS	2450 TIM GAMBLE PLACE #258	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VICE PRESIDENT (V/D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIL BELL	
STREET ADDRESS	4841 LAKE PARK DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	TREASURER (T/D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORI JACKSON	
STREET ADDRESS	2040 DELTA WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	SECRETARY (S/D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN SHINNERS	
STREET ADDRESS	2016 DELTA BLVD #201	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] LORI JACKSON 7/15/04 8503869100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #