

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>N97000002922 (9)</b> 1. Corporation Name <b>TALLHASSEE ALLIANCE WITH DISABILITY, INC.</b>



Principal Place of Business <b>P O BOX 5575                  TALLHASSEE FL 32314</b>	Mailing Address <b>P O BOX 5575                  TALLHASSEE FL 32314</b>
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3. Date Incorporated or Qualified <b>05/21/1997</b>
4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year's Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 <b>P.O. Box 823</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 823</b> Suite, Apt. #, etc.
23 <b>Tallahassee, FL</b> City & State	27 <b>Tallahassee, FL</b> City & State
24 <b>32302</b> Zip	28 <b>32302</b> Zip
25 <b>USA</b> Country	29 <b>USA</b> Country

9. Name and Address of Current Registered Agent <b>WADE, GLEN S                  2441 ROBERTS AVE #101                  TALLHASSEE FL 32310</b>
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10. Name and Address of New Registered Agent 81 Name <b>Melinda Coulter</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>707 Parker Dr.</b> 83 84 City <b>Tallahassee, FL</b> 85 Zip Code <b>32303</b>
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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: M Coulter DATE: **3/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, RONNEE</b>	1.2 NAME	<b>Sr. Vice Chairman (D)</b>
STREET ADDRESS	<b>3232 YORKTOWN DR</b>	1.3 STREET ADDRESS	<b>Melinda Coulter (D)</b>
CITY-ST-ZIP	<b>TALLHASSEE FL 32312</b>	1.4 CITY-ST-ZIP	<b>707 Parker Dr. Tallahassee, FL 32303</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASE, BRENT</b>	2.2 NAME	<b>Jr Vice Chairman (D)</b>
STREET ADDRESS	<b>274 ROSS ROAD #9A</b>	2.3 STREET ADDRESS	<b>Paul Murtel (D)</b>
CITY-ST-ZIP	<b>TALLHASSEE FL 32310</b>	2.4 CITY-ST-ZIP	<b>P.O. Box 10352 Tallahassee, FL 32302 (NA)</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGLISH, BILL</b>	3.2 NAME	<b>Debbie Roemer</b>
STREET ADDRESS	<b>1035 CHEROKEE DR</b>	3.3 STREET ADDRESS	<b>Secretary 2711 Allen Rd Apt. G 3 (D)</b>
CITY-ST-ZIP	<b>TALLHASSEE FL 32301</b>	3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: M Coulter DATE: **3/12/98** Daytime Phone # **850-385-6367**

CR2E037 (10/97)