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Apr 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002922 (9)

1. Corporation Name

TALLAHASSEE ALLIANCE WITH DISABILITY, INC.

Principal Place of Business

Mailing Address

P O BOX 5575
TALLAHASSEE FL 32314

P O BOX 5575
TALLAHASSEE FL 32314

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 823
Suite, Apt. #, etc.

26 P.O. Box 823
Suite, Apt. #, etc.

22 City & State
Tallahassee FL

27 City & State
Tallahassee FL

23 Zip 32302 Country USA

28 Zip 32302 Country USA

9. Name and Address of Current Registered Agent

WADE, GLEN S
2441 ROBERTS AVE #101
TALLAHASSEE FL 32310

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year's
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Melinda Coulter

82 Street Address (P.O. Box Number is Not Acceptable)

707 Parker Dr.

83

84 City

Tallahassee

FL

85 Zip Code

32303

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)

3/12/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAVIS, RONNEE
STREET ADDRESS 3232 YORKTOWN DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

NAME CHASE, BRENT
STREET ADDRESS 274 ROSS ROAD #9A
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ DELETE

NAME ENGLISH, BILL
STREET ADDRESS 1035 CHEROKEE DR
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Sr. Vice Chairman (D)

1.3 STREET ADDRESS Melinda Coulter

1.4 CITY-ST-ZIP 707 Parker Dr. Tallahassee, FL 32303

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Jr. Vice Chairman (D)

2.3 STREET ADDRESS Paul Murtel

2.4 CITY-ST-ZIP P.O. Box 10352 Tallahassee, FL 32302 (NA)

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Debbie Roemer (D)

3.3 STREET ADDRESS Secretary Rd Apt. G 3

3.4 CITY-ST-ZIP 2711 Allen Rd Apt. G 3 Tallahassee, FL 32312

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

3/12/98 850-385-6367

CR2E037 (10/97)