

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90012 013 \*\*\*\*61.25

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DOCUMENT # N97000002922

1. Corporation Name

TALLAHASSEE ALLIANCE WITH DISABILITY, INC.

Principal Place of Business

P O BOX 823  
TALLAHASSEE FL 32302  
US

Mailing Address

P O BOX 823  
TALLAHASSEE FL 32302  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

APPLIED FOR 59-3299428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COULTER, MELINDA  
707 PARKER DR  
TALLAHASSEE FL 32303

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VCD ☐ DELETE  
NAME COULTER, MELINDA  
STREET ADDRESS 707 PARKER DR.  
CITY-ST-ZIP TALLAHASSEE FL 32303

1.1 TITLE SD ☒ Change ☐ Addition  
1.2 NAME Coulter, Melinda  
1.3 STREET ADDRESS 707 Parker Dr.  
1.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE DVC ☐ DELETE  
NAME MARTEL, PAUL  
STREET ADDRESS P O BOX 10352 N/A  
CITY-ST-ZIP TALLAHASSEE FL 32302

2.1 TITLE PDC ☒ Change ☐ Addition  
2.2 NAME Martel, Paul  
2.3 STREET ADDRESS P.O. Box 10352  
2.4 CITY-ST-ZIP Tallahassee, FL 32302

TITLE DS ☒ DELETE  
NAME ROEMER, DEBBIE  
STREET ADDRESS 2711 ALLEN RD APT G3  
CITY-ST-ZIP TALLAHASSEE FL 32312

3.1 TITLE VDC ☐ Change ☒ Addition  
3.2 NAME Henderson, Carolee  
3.3 STREET ADDRESS 218 Westwood Dr.  
3.4 CITY-ST-ZIP Tallahassee, FL 32304

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE TD ☐ Change ☒ Addition  
4.2 NAME Chase, Brent  
4.3 STREET ADDRESS 2441 Roberts Ave., #705  
4.4 CITY-ST-ZIP Tallahassee, FL 32310

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 850-385-6361  
Date Daytime Phone #

CR2E037 (11/98)