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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000004484

1. Corporation Name

TALLAHASSEE 25, INC.

Principal Place of Business

611 ~~EAST PARK AVE #1~~
TALLAHASSEE FL 32301

Mailing Address

P O BOX 11293
TALLAHASSEE FL 32302



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

08/07/1997

4. FEI Number

59-3444030

☒ 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

9. Name and Address of Current Registered Agent

SNIFFEN, ROBERT J
2544 BLAIRSTONE PINES DR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE **PD Ex-officio** ☐ DELETE
NAME **TEMPLETON, TIM**
STREET ADDRESS **611 EAST PARK AVE #1 114 Meeting Street**
CITY-ST-ZIP **TALLAHASSEE FL 32301 Tallahassee, FL 32301**

TITLE **VPD** ☒ DELETE
NAME **CENTER, TIM**
STREET ADDRESS **2437 RAMBLEWOOD COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **TD** ☒ DELETE
NAME **LE CHER, LAURA**
STREET ADDRESS **611 EAST PARK AVE #1**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **S** ☒ DELETE
NAME **MCKENNA, HEATHER**
STREET ADDRESS **638 E. PARK AVE. #1**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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 **PD** ☒ Change ☐ Addition
1.2 NAME **Rizzo, Pete**
1.3 STREET ADDRESS **1829 CRANE DRIVE**
1.4 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Layman, Kelly**
2.3 STREET ADDRESS **112 Meeting Street**
2.4 CITY-ST-ZIP **Tallahassee FL 32301**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **Bolton, Jodi**
3.3 STREET ADDRESS **3405 Whitney Court**
3.4 CITY-ST-ZIP **Tallahassee, FL 32308**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Woodward, Mayo**
4.3 STREET ADDRESS **1012 Milwaukee Rd**
4.4 CITY-ST-ZIP **Tallahassee, FL 32303**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-99

850-422-8721

CR2E037 (1/98)