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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000004551 (4)

1. Corporation Name

TALLAHASSEE FOUNDATION FOR LEARNING AND SUCCESS
INCORPORATED



Principal Place of Business

Mailing Address

641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

59-3460708

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOELEMIJ, JOHN J
641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

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 PD
NAME ROLLINS, STEVE DR
STREET ADDRESS 312 STONE BLDG
CITY-ST-ZIP TALLAHASSEE FL 32306-4076

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME KONRAD, KATE
STREET ADDRESS 1040 E PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME KOELMIJ, KAREN
STREET ADDRESS 641 MCDONNELL DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32310

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME MCCLURE, TANYA
STREET ADDRESS 2582 EXECUTIVE CENTER CIR, STE 109
CITY-ST-ZIP TALLAHASSEE FL 32301

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SMITH, ROSEANNA
STREET ADDRESS 200 W PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE D
NAME JESSUP, MARGIE
STREET ADDRESS 509 E MAGNOLIA DR, #127
CITY-ST-ZIP TALLAHASSEE FL 32301

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:

Kate Konrad

Kate Konrad

2/5/98 (850) 224-3129

CR2E037 (1097)