

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90068 013 ****61.25

DOCUMENT # N97000004551

1. Corporation Name

TALLAHASSEE FOUNDATION FOR LEARNING AND SUCCESS
INCORPORATED

Principal Place of Business

641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

Mailing Address

641 MCDONNELL DRIVE
TALLAHASSEE FL 32310



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

08/11/1997

4. FEI Number

59-3460708

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

KOELEMIJ, JOHN J
641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

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 ☐ DELETE

NAME ROLLINS, STEVE DR

STREET ADDRESS 312 STONE BLDG

CITY-ST-ZIP TALLAHASSEE FL 32306-4076

TITLE TD ☐ DELETE

NAME KONRAD, KATE

STREET ADDRESS 1040 E PARK AVE

CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VD ☐ DELETE

NAME KOELMIJ, KAREN

STREET ADDRESS 641 MCDONNELL DRIVE

CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE SD ☒ DELETE

NAME MCCLURE, TANYA

STREET ADDRESS 2562 EXECUTIVE CENTER CIR, STE 109

CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ DELETE

NAME SMITH, ROSEANNA

STREET ADDRESS 200 W PARK AVE

CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☒ DELETE

NAME JESSUP, MARGIE

STREET ADDRESS 509 E MAGNOLIA DR. #127

CITY-ST-ZIP TALLAHASSEE FL 32301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Director

☐ Change

☒ Addition

1.2 NAME

Cornel Lee

1.3 STREET ADDRESS

4495 Shelter Rd.

1.4 CITY-ST-ZIP

Tallahassee FL 32303

2.1 TITLE

D

☐ Change

☒ Addition

2.2 NAME

David Frimmel

2.3 STREET ADDRESS

P.O. Box 727

2.4 CITY-ST-ZIP

Tallahassee, FL 32303

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

SD

☐ Change

☒ Addition

4.2 NAME

Lisa McClelland

4.3 STREET ADDRESS

FAMU

4.4 CITY-ST-ZIP

Trig Main Office 103, Unit A

Tallahassee, FL 32307

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

850-222-5262

CR2E037 (11/98)