

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004551

1. Entity 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

FILED
04 FEB 27 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02172004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3460708

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOELEMIJ, JOHN J
641 MCDONNELL DRIVE
TALLAHASSEE, FL 32310

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

02/26/04--01022--003 **\$61.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROLLINS, STEVE DR
STREET ADDRESS	312 STONE BLDG
CITY-ST-ZIP	TALLAHASSEE, FL 323064076
TITLE	VD
NAME	KOELMIJ, KAREN
STREET ADDRESS	641 MCDONNELL DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	SD
NAME	MCCLELLAND, LISA
STREET ADDRESS	TRI MAIN OFFICE-103 UNIT A
CITY-ST-ZIP	TALLAHASSEE, FL 32307
TITLE	D
NAME	FRIMMEL, DAVID
STREET ADDRESS	2825 MUNICIPAL WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	TD
NAME	WARNER, JOYCE P
STREET ADDRESS	641 MCDONNELL DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

Karen Koelmej Karen Koelmej 2/17/04 850-222-5262