

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90003 036 ****61.25

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1. Entity Name
TALLAHASSEE ADVERTISING CO-OP, INC.



Principal Place of Business

KENTUCKY FRIED CHICKEN OF VALDOSTA, INC.
1203 N. ASHLEY ST.
VALDOSTA, GA 31601

Mailing Address

KENTUCKY FRIED CHICKEN OF VALDOSTA, INC.
1203 N. ASHLEY ST.
VALDOSTA, GA 31601

50054065



01112005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
58-2499942

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELMS, LAWRENCE
RT 17 BOX 1637 OAKHAVNE
LAKE CITY, FL 32055

**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.

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRIS, OWEN D
STREET ADDRESS 1203 NORTH ASHLEY STREET
CITY-ST-ZIP VALDOSTA, GA 31601

TITLE DTS
NAME HELMS, LAWRENCE
STREET ADDRESS RT 17B BOX 1637 OAKHAVEN
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D
NAME BETTERS, CAROLYN DV
STREET ADDRESS 10017 LEAFWOOD DR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME HERBERT, WALLY
STREET ADDRESS PO BOX 1257
CITY-ST-ZIP COLUMBIA, TN 38402

TITLE D
NAME CHOWDHURY, LOKMAN G
STREET ADDRESS 6418 NW 43RD LN
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D
NAME BENNETT, WILLIAM H JR
STREET ADDRESS 3125 WILD OAKS CIRCLE
CITY-ST-ZIP VALDOSTA, GA 31605

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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:

James Harris PRESIDENT

6-25-05

229-249-2395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #