

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006127**

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



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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

000000607481  
01/31/07-80038-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Owen D Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 229-249-2395

DATE

PHONE NUMBER