

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000067993 (3)

1. Corporation Name

SISTERS OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

1443 MARKET STREET
TALLAHASSEE FL 32312

1443 MARKET STREET
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3306147

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DUGGER, DEBORAH D
1443 MARKET STREET
TALLAHASSEE FL 32312

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

(3/96)

12. OFFICERS AND DIRECTORS

TITLE P
NAME BAKER, CECILE W
STREET ADDRESS 1441 MARKET ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE V
NAME BIXLER, JOANN
STREET ADDRESS 1443 MARKET ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE S
NAME BAILEY, CORNELIA
STREET ADDRESS 1441 MARKET ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE T
NAME DUGGER, DEBORAH D
STREET ADDRESS 1443 MARKET ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

President
Bixler, JoAnn
1443 Market St
Tallahassee, FL 32312
V. President
Baker, Cecile W.
1441 Market St
Tallahassee, FL 32312

~~Baker, Cecile~~

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Deborah D. Dugger, Deborah D. Dugger

8/7/96

904-668-4450