

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **708688** (7)  
1. Corporation Name  
**TALLHASSEE BAPTIST CHURCH, INC.**



Principal Place of Business: **4225 CRAWFORDVILLE RD TALLHASSEE FL 32310-7032**  
Mailing Address: **4225 CRAWFORDVILLE RD TALLHASSEE FL 32310-7032**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/23/1965</b>	3a. Date of Last Report <b>06/12/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>05-0025004</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BONDS, RONALD E.</b> <b>6222 LAFRANCE RD.</b> <b>TALLHASSEE FL 32310</b>				81	Name <i>Paul D Donaldson</i>		
				82	Street Address (P.O. Box Number is Not Acceptable) <i>6297 Williams Rd</i>		
				83			
				84	City <i>Tallahassee</i>	FL	85

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: *Paul D Donaldson* **Paul D Donaldson** *4/30/96*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWHON, JAMES M.</b>	1.2 NAME	
STREET ADDRESS	<b>118 BASS STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLHASSEE FL 32310</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOWELL, CHRIS</b>	2.2 NAME	
STREET ADDRESS	<b>8522 TWIN LAKES LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLHASSEE FL 32311</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONDS, RONALD E</b>	3.2 NAME	<i>Donaldson, Paul D</i>
STREET ADDRESS	<b>2018 DYREHAVEN DR</b>	3.3 STREET ADDRESS	<i>6297 Williams Rd</i>
CITY-ST-ZIP	<b>TALLHASSEE FL 32311</b>	3.4 CITY-ST-ZIP	<i>Tallahassee FL 32311</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Paul D Donaldson* **Paul D Donaldson** *AP* *4/30/96* **877-5870**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)