


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 708688 (7)**

1. Corporation Name  
**TALLAHASSEE BAPTIST CHURCH, INC.**



Principal Place of Business <b>4225 CRAWFORDVILLE RD TALLAHASSEE FL 32310-7032</b>	Mailing Address <b>4225 CRAWFORDVILLE RD TALLAHASSEE FL 32310-7032</b>
---	---

3. Date Incorporated or Qualified <b>03/23/1965</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business 21 <b>Apalachee Elementary School</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 2156</b> Suite, Apt. #, etc.
22 <b>650 Trojan Trail</b> City & State	27 City & State
23 <b>Tallahassee, FL</b> Zip	28 <b>Tallahassee, FL</b> Zip
24 <b>32311</b> Country <b>USA</b>	29 <b>32316-2156</b> Country <b>USA</b>

4. FEI Number <b>05-0025004</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PAUL DONALDSON  
6294 WILLIAMS RD.  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name **Rev. Dennis L. Coxwell**  
82 Street Address (P.O. Box Number is Not Acceptable) **825 Burntleaf Lane**  
83  
84 City **Tallahassee** FL 85 Zip Code **32310**

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 *Dennis L. Coxwell* **Dennis L. Coxwell, minister** DATE **5-28-97**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DT</b>	<input type="checkbox"/>
NAME	<b>LAWHON, JAMES M.</b>	
STREET ADDRESS	<b>118 BASS STREET</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE	<b>DS</b>	<input type="checkbox"/>
NAME	<b>VOWELL, CHRIS</b>	
STREET ADDRESS	<b>8522 TWIN LAKES LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>DONALDSON, PAUL D.</b>	
STREET ADDRESS	<b>6294 WILLIAM RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D/P</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Rev. Dennis L. Coxwell</b>		
1.3 STREET ADDRESS	<b>825 Burntleaf Lane</b>		
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>		
2.1 TITLE	<b>Tr</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Lawhorn, James M.</b>		
2.3 STREET ADDRESS	<b>118 Bass Street</b>		
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>		
3.1 TITLE	<b>Tr/T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Chris Vowell</b>		
3.3 STREET ADDRESS	<b>8522 Twin Lakes Lane</b>		
3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>		
4.1 TITLE	<b>Tr</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Donaldson, Paul D.</b>		
4.3 STREET ADDRESS	<b>6294 Williams Rd.</b>		
4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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.

*Dennis L. Coxwell* **Dennis L. Coxwell** **5-28-97**

CR2E037 (9/96)