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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 723612 (8)

1. Corporation Name
SABAL PALM BAPTIST CHURCH OF TALLAHASSEE, INC.



Principal Place of Business Mailing Address
SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310
SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310-5164

3. Date Incorporated or Qualified 06/07/1972
3a. Date of Last Report 05/23/1996
4. FEI Number 59-1450318
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

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

9. Name and Address of Current Registered Agent
MCKENZIE, ESTHER
7535 - 232 WEST TENNESSEE STREET
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
81 Name Don Filkins
82 Street Address (P.O. Box Number is Not Acceptable) 2910 Jewel Drive
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 *Don Filkins* Don Filkins 2/24/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME RAINS, ANGELIA
STREET ADDRESS 1443 CANE ROAD
CITY-ST-ZIP TALLAHASSEE FL
TITLE DELETE
NAME RAINS, SCOTT
STREET ADDRESS 1443 CANE ROAD
CITY-ST-ZIP TALLAHASSEE FL
TITLE DELETE
NAME LAWRENCE, HERSCHEL
STREET ADDRESS 2126 WILLIE VAUSE ROAD
CITY-ST-ZIP TALLAHASSEE FL
TITLE DELETE
NAME FILKINS, DON
STREET ADDRESS 2910 JEWEL DR.
CITY-ST-ZIP TALLAHASSEE FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME 100002099871
6.3 STREET ADDRESS -02/27/97--01054--018
6.4 CITY-ST-ZIP ***61.25

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.

SIGNATURE: *Angelia B. Rains* 1/30/97 413-3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)