

2000 UNIFORM BUSINESS REPORT (UBR)

0001728

DOCUMENT # 723612

1. Entity Name

SABAL PALM BAPTIST CHURCH OF TALLAHASSEE, INC.

FILED

00 JUL 12 AM 8:32

Principal Place of Business

SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310

Mailing Address

SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1450318

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILKINS, DON
2910 JEWEL DRIVE
TALLAHASSEE FL 32310

Name

Scott Rains

Street Address (P.O. Box Number is Not Acceptable)

1443 Cane Road

City

Tallahassee

FL

Zip Code
32310

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.

SIGNATURE

[Handwritten Signature: Scott Rains]

6/22/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME RAINS, ANGELIA
STREET ADDRESS 1443 CANE ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME 400003351564--D
STREET ADDRESS -08/09/00--01110--005
CITY-ST-ZIP *****61.25 *****61.25

TITLE T ☐ Delete
NAME RAINS, SCOTT
STREET ADDRESS 1443 CANE ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAWRENCE, HERSCHEL
STREET ADDRESS 2126 WILLIE VAUSE ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FILKINS, DON
STREET ADDRESS 2910 JEWEL DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE D ☐ Change ☒ Addition
NAME Roland Sigafoo
STREET ADDRESS 3250 W. Tennessee Street
CITY-ST-ZIP Tallahassee, FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

[Handwritten Signature: Angelia B. Rains]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/00

488-5674

Date

Daytime Phone #

CR2E037 (5/00)