

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N31458 (5)**  
1. Corporation Name  
**THE FIRST CHRISTIAN CHURCH OF TALLAHASSEE, FLORI  
DA, INC.**

Principal Place of Business Mailing Address  
**1319 HIGH RD  
TALLAHASSEE FL 32304  
US** **C/O MICHAEL HOLLAND  
4015 APALACHEE PKWY  
TALLAHASSEE FL 32311  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified **03/31/1989** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1595349** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HOLLAND, MICHAEL G.  
4015 APALACHEE PARKWAY  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>
NAME	<b>SORENSEN, KENNETH</b>
STREET ADDRESS	<b>7535 W TENNESSEE ST #35</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>PD</b>
NAME	<b>HART, THOMAS</b>
STREET ADDRESS	<b>2810 MAYFAIR RD</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b>
NAME	<b>HOLLAND, MICHAEL G.</b>
STREET ADDRESS	<b>4015 APALACHEE PKWY</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b>
NAME	<b>GRAHAM, LARRY</b>
STREET ADDRESS	<b>3173 WHIRLAWAY TR</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b>
NAME	<b>REED, MERELITH</b>
STREET ADDRESS	<b>BLUEBIRD RD</b>
CITY - ST - ZIP	<b>MONTICELLO FL</b>
TITLE	<b>DV</b>
NAME	<b>LONGFELLOW, JAMES</b>
STREET ADDRESS	<b>211 COLUMBIA DR</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Donald Summers</b>	
1.3 STREET ADDRESS	<b>1406 Devils Dip</b>	
1.4 CITY - ST - ZIP	<b>Tallahassee, FL 32308</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>Delete Name</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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: *Ms. Wallace* **2-20-95** **224-2727**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #