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Mar 10, 1999 8:00 am
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03-10-1999 90123 023 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31458

1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF TALLAHASSEE, FLORIDA, INC.

Principal Place of Business
 1319 HIGH RD
 TALLAHASSEE FL 32304
 US

Mailing Address
 C/O MICHAEL HOLLAND
 4015 APALACHEE PKWY
 TALLAHASSEE FL 32311
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1595349	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLAND, MICHAEL G. 4015 APALACHEE PARKWAY TALLAHASSEE FL 32311				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOTWELL, CHARLES	1.2 NAME	Treasurer
STREET ADDRESS	2946 SETTING SUN TRAIL	1.3 STREET ADDRESS	Arnold, Adam
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	1817 E. Wagon Wheel Cir Tallahassee FL 32311
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, MICHAEL G.	2.2 NAME	DIRECTOR
STREET ADDRESS	4015 APALACHEE PKWY	2.3 STREET ADDRESS	HART, THOMAS
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	2656 EBRET LANE TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABLE, JESS	3.2 NAME	
STREET ADDRESS	1120 SARASOTA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MERELITH	4.2 NAME	
STREET ADDRESS	BLUEBIRD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SUMMERS, DONALD	5.2 NAME	
STREET ADDRESS	1406 DEVILS DIP	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Donald F. Summers* 3/3/99 (850) 877-5272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DONALD F. SUMMERS** Date **3/3/99** Daytime Phone # **(850) 877-5272**

CR2E037 (11/98)