

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90178 032 ****61.25

DOCUMENT # N31458
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1595349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLAND, MICHAEL G 4015 APALACHEE PKY TALLAHASSEE FL 32311	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, THOMAS 2656 EGRET LN TALLAHASSEE FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABLE, JESS 1120 SARASOTA DRIVE TALLAHASSEE FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERS, DONALD 1406 DEVILS DIP TALLAHASSEE FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOTWELL, CHARLES 2946 SETTING SON TRAIL TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOY, JOEL 5804 DOONESBURY WAY TALLAHASSEE FL 32303	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Wilkinson 103 Winn Cay Drive Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Biggs 2400 Lanrell Drive Tallahassee, FL 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED** *1-2402* *224-2727*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)