

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90021 046 \*\*\*\*61.25

40003325



**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  
**1319 HIGH RD  
 TALLAHASSEE, FL 32304 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01142005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1595349** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GRAHAM, LARRY  
 1319 HIGH ROAD  
 TALLAHASSEE, FL 32304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	COT	<input type="checkbox"/> Delete
NAME	KIRKLAND, GAYLE	
STREET ADDRESS	1817 QUINCE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	HART, THOMAS	
STREET ADDRESS	2656 EGRET LN	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRITELLI, STEVE	
STREET ADDRESS	2521 MAYFAIR ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, JERRY	
STREET ADDRESS	103 WINN CAY DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAERS, MIKE	
STREET ADDRESS	2307 ASTORIA CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOY, JOEL	
STREET ADDRESS	4709 KNOLLWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Larry L. Graham **LARRY L. GRAHAM** 1-16-05 (850) 668-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #