

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 08, 2003 8:00 am
Secretary of State

07-08-2003 90026 044 ****61.25

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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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1319 High Road
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32304

Country
US

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

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



CHECK HERE IF MAKING CHANGES

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
Larry Graham

Street Address (P.O. Box Number is Not Acceptable)
3173 Whirlaway Trail

City
Tallahassee FL Zip Code
32309

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 Larry L. Graham **Larry Graham - Treasurer (Co)**
(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

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	T <input checked="" type="checkbox"/> Delete
NAME	HOLLAND, MICHAEL G
STREET ADDRESS	4015 APALACHEE PKY
CITY-ST-ZIP	TALLAHASSEE FL 32311
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	NABLE, JESS
STREET ADDRESS	1120 SARASOTA DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
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	BIGGS, JOE
STREET ADDRESS	2400 LANRELL DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D <input type="checkbox"/> Delete
NAME	FOY, JOEL
STREET ADDRESS	5804 DOONESBURY WAY
CITY-ST-ZIP	TALLAHASSEE FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C-T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gayle Kirkland
STREET ADDRESS	1817 Quince Dr.
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Critelli
STREET ADDRESS	2521 Mayfair Road
CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Waers
STREET ADDRESS	2307 Astoria Ct.
CITY-ST-ZIP	Tallahassee, FL 32303
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 **REQUIRED LARRY L. GRAHAM 6-30-03 850-893-**

CR2E037 (10/02)