

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 12 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000453 (9)

1. Corporation Name

METRO MINISTRIES OF TALLAHASSEE INC.



Principal Place of Business Mailing Address
2450 KIMBERLY LANE PO BOX 5616
TALLAHASSEE FL 32311 TALLAHASSEE FL 32314-5616

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified
01/30/1995

3a. Date of Last Report
05/30/1996

4. FEI Number

59-3377775

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IMBIMBO, PASQUALE
2450 KIMBERLY LANE
TALLAHASSEE FL 32311

81 Name Pasquale Imbimbo
82 Street Address (P.O. Box Number is Not Acceptable)
548 East Bradford Rd.
83
84 City Tall FL 85 Zip Code 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME IMBIMBO, PASQUALE JR
STREET ADDRESS 2450 KIMBERLY LANE
CITY-ST-ZIP TALLAHASSEE FL 32311

1.1 TITLE Director
1.2 NAME T.E. Padgett
1.3 STREET ADDRESS 2572 Chunleigh Circle
1.4 CITY-ST-ZIP Tall. Fl. 32308

TITLE D
NAME VAUSE, DONNIE
STREET ADDRESS 614 N GADSDEN ST
CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE Director
2.2 NAME Bill Wilson
2.3 STREET ADDRESS 17 menahan St.
2.4 CITY-ST-ZIP Brooklyn Ny 11221

TITLE D
NAME IMBIMBO, SUSAN K
STREET ADDRESS 2450 KIMBERLY LANE
CITY-ST-ZIP TALLAHASSEE FL 32311

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)