

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750996 (1)

1. Corporation Name

THE TALLAHASSEE CHURCH OF CHRIST, INC.



Principal Place of Business: 901 THOMASVILLE ROAD TALLAHASSEE FL 32303-6219  
Mailing Address: 901 THOMASVILLE ROAD TALLAHASSEE FL 32303-6219

3. Date Incorporated or Qualified: 02/12/1980  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2110536  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL, STEPHANIE  
1511 TWIN LAKES CIRCLE  
TALLAHASSEE FL 32301

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LAMBERT, DOUGLAS	
STREET ADDRESS	237 STURGEON DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GROSS, FRANK B.	
STREET ADDRESS	3373 LIFFORD CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LOWRIE, LYNN E.	
STREET ADDRESS	1900 CENTRE POINTE BLVD #126	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jean Louise Morales	
23 STREET ADDRESS	2457 Manzanita Court	
24 CITY-ST-ZIP	TALLAHASSEE FL	
31 TITLE	D Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lowrie, Lynn E.	
33 STREET ADDRESS	275 John Knox Rd #U-104	
34 CITY-ST-ZIP	TALLAHASSEE FL 32303	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	500001760425	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-03/28/96--01018--012	
53 STREET ADDRESS	***61.25	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Jean Louise Morales*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96  
Date

(904) 224-0914  
Daytime Phone #

CR2E037 (12/95)