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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

801 THOMASVILLE ROAD
TALLAHASSEE FL 32303-6219

801 THOMASVILLE ROAD
TALLAHASSEE FL 32303-6219



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 313 JOHNSTON STREET

22 City & State

27 SUITE A

23 Zip

Country

28 TALLAHASSEE FL

Country

24

25

29 32303

30

LEON

3. Date Incorporated or Qualified

02/12/1980

3a. Date of Last Report

03/27/1996

4. FEI Number

59-2110536

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME LAMBERT, DOUGLAS
STREET ADDRESS 237 STURGEON DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME MORALES, JEAN L.
STREET ADDRESS 2457 MANZANITA COURT
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

2.1 TITLE DS
2.2 NAME NEWELL, STEPHEN I.
2.3 STREET ADDRESS 3703 CASSANDRA DRIVE
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

TITLE DT
NAME LOWRIE, LYNN E
STREET ADDRESS 275 JOHN KNOX ROAD #U-104
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

3.1 TITLE DT
3.2 NAME MORALES, JEAN L.
3.3 STREET ADDRESS 414 EAST CAROLINA ST.
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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.

SIGNATURE:

Jeannette Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-97
Date

224-0914
Daytime Phone # 0007472

CR2E037 (9/96)