SECOND_NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT **19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9700001068 (2)

GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF

TALLAH	TALLAHASSEE, INC.													
Principal Place of Business Mailing Address									I (4001) 84 010 1011) 194		AL BOALL BOTTA OF	NIBA NIBNI BONK	1 01101 1011 1001	
POST OFFICE BOX 6137 POST OFFICE BOX 6137								ŀ	3. Date Incorporated or	Qualified				
TALLAHASSEE FL 32314 TALLAHASSEE FL 32314								02/25/1997						
								1	4. FEI Number		·····	A	Applied For	
]	59-3431	642		N	lot Applicable	
2. Principal P	lace of Busin	ess	2a.	. Malling Addre	358						区	\$8.75	Additional	
21 ,				26					5. Certificate of Status I	Jesirea	<u> </u>		Required	
Suite, Apt. #, etc.				Sulte, Apt. #, etc.					6. Election Campaign Fi	nancing		\$5.00	May Be	
22				27					Trust Fund Contributi	on		Added	to Fees	
City & State				City & State					7. Is this nonprofit corporation a homeowners association?					
23				28					Yes No					
Zip		Country	<u> </u>	Zip		Countr	У		8. This corporation owes				tangible VA	
24		25	29		3	ю			Personal Property Ta			Yes	INO NA	
 	9. Name	and Address of Curr	ent Regis	tered Agent		81	Nam		10. Name and Address					
]"		- 11	EDDER, Sus	SAN	REV	'•		
TEDDER, SUSAN REV.						82	Stree	t Addres	idress (P.O. Box Number is Not Acceptable)					
	IBADIL COL					-	, 	<u> </u>	201 Conn'	16 T	<u> JKIVE</u>			
TALLAHAS	SSEE FL 32	303				83	'							
1						84	City					85 Zip	Code 2311	
								<u> 141</u>	AHASSEE		<u>FL</u>			
11. Pursuant to	o the provisio	ns of sections 617.050	/2 and 617 a of Florid:	′.1508, Florida (a. Such change	Statutes, ti	he above-: orized hv	named c	orporatio oration's	n submits this statement for board of directors. I hereb	or the purp ov accept	pose of char the appoint	nging its rea	gistered oistered	
agent I an	n familiar with	, and accept the oblig	ations of	section 617.05	03, Florida	Statutes				, accept	n opposit		<i>y.0.0.00</i>	
SIGNATURE	XXXII	Ausan	14	lle					EDDER	<u> </u>	<u>3.01.9</u>	<u> 18</u>		
	elgnature, typed o	or printed name of refristered ag	gent and title if	I applicable.	(NOTE		geni signa	ture required	when reinstating)		DATE	D DIDEOT	000 (1) 40	
12.		OFFICERS A	AND DIRE	CIORS		13.		7-57	ADDITIONS/CHANGES		V/D			
TITLE				DE	ELETE				iAne Allard	1013	V/ U	Change	Addition	
NAME						1.2 NAME		1 5	409 Home Co	CLT				
STREET ADDRESS							TADDRES		ALLAHASSEE,		3230	12		
CITY-ST-ZIP TITLE						1.4 CITY-5 2.1 TITLE	31-ZIP						£77	
				[_] DE	ELÉTE	1			REASURER	-a	T/D	Change	Addition	
NAME						2.2 NAME		UC	onnie Tessm 115-a McCau	ien ilen	ROAL			
STREET ADDRESS	•					4	TADORES		112-4 MICCHO	C	3730	ス		
CITY-ST-ZIP TITLE			-			2.4 CITY-5 3.1 TITLE	ST-ZIP		AUAHASSEE,	<u> </u>			N7	
'				L DE	ELETE			_	ECRETARY AN LUCAS		•		Addition	
NAME						3.2 NAME		1 1	Us Somy W	AGNO	JUI A DR	live, f	-106	
STREET ADDRESS							TADDRES	*I T	ALLA HASSEE	, FL	3230	1		
CITY-ST-ZIP						3.4 CITY-S 4.1 TITLE	T-ZIP		MBER AT LARGE	·	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		
				DE	ELETE	1			-		IND	Change	Addition	
NAME						4.2 NAME		1 - 0	HARD SEWELL 99 BAYSHORE	_				
STREET ADDRESS						1	T ADDRES		LIAHASSEE, T		2220	4		
CITY-ST-ZIP						4.4 CITY-5	T-ZIP	113	MILIPHASSEC)	 _	3230			
TITLE				∐ DE	LETE	5.1 TITLE		1				Change	Addition	
NAME						6.2 NAME								
STREET ADDRESS						1	TADDRES	⁵						
CITY-ST-ZIP						5.4 CITY-S	T-ZIP					-		
TITLE				∐ DE	LETE	6.1 TITLE		l				Change	Addition	
NAME						6.2 NAME								
STREET ADDRESS						6.3 STREE	TADDRES	S						

14. 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 annual report or supplemental annual report is true and securate 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.

08:01:98

FILED

Aug 26 1998 8:00am³

Secretary of State

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