

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90010 009 ****61.25

0007787

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 750996

1. Corporation Name
THE TALLAHASSEE CHURCH OF CHRIST, INC.

Principal Place of Business 901 THOMASVILLE ROAD TALLAHASSEE FL 32303-6219	Mailing Address 313 JOHNSTON ST SUITE A TALLAHASSEE FL 32303 US
--	---



2. Principal Place of Business 21 901 THOMASVILLE ROAD Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE, FLORIDA Zip Country 24 32303 25	2a. Mailing Address 26 313 JOHNSTON ST. Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE, FL Zip Country 29 32303 30	3. Date Incorporated or Qualified 02/12/1980 4. FEI Number 59-2110536 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

9. Name and Address of Current Registered Agent DANIEL, STEPHANIE 1511 TWIN LAKES CIRCLE TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP LAMBERT, DOUGLAS 237 STURGEON DRIVE TALLAHASSEE FL 32308	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRANK B. GROSS 3733 LIFFORD CIRCLE TALLAHASSEE, FL 32308
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, FRANK B	2.2 NAME	BILL BOGAN
STREET ADDRESS	3733 LIFFORD CIRCLE	2.3 STREET ADDRESS	3672 STIRLING DR.
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, JEAN L	3.2 NAME	
STREET ADDRESS	P O BOX 2162 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JENNIFER T. NASH
STREET ADDRESS		4.3 STREET ADDRESS	4039 ROSCREA DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *[Signature]* MORALES 02/23/99 (850) 224-0914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)