#### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 750996** 

Entity Name: THE 1200 THARPE STREET CHURCH, INC.

FILED
Mar 17, 2020
Secretary of State
1673790559CC

### **Current Principal Place of Business:**

1200 W THARPE ST. TALLAHASSEE, FL 32303

# **Current Mailing Address:**

PO BOX 14835

TALLAHASSEE. FL 32317 US

FEI Number: 59-2110536 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DANIEL, STEPHANIE 4506 BARCLAY LANE TALLAHASSEE, FL 32309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	CPA	Title	DIRECTOR

NameSHINE, CHERYL ANameEUGENE, BRANAGANAddress1752 FOLKSTONE ROADAddress7861 PRESERVATION RDCity-State-Zip:TALLAHASSEE FL 32312City-State-Zip:TALLAHASSEE FL 32312

Title VP Title DIRECTOR

NameCHILES, LAWTONNameBENNETT, GERALDINEAddress12008 MICCOSUKEE RDAddress8790 MINNOW CREEK DRCity-State-Zip:TALLAHASSEE FL 32309City-State-Zip:TALLAHASSEE FL 32312

DIRECTOR Title Title **DIRECTOR** Name SMITH, EVELYN Name ELLIS. MICHAEL Address 2917 BLUEFIELD LN 4507 RANGEWOOD DR Address City-State-Zip: TALLAHASSEE FL 32309 TALLAHASSEE FL 32309 City-State-Zip:

Title DIRECTOR Title DIRECTOR

NameBOGAN, BILLNameHEATHER, HURTDAOAddress2651 S HANNON HILL DRAddress2301 CHESTER CTCity-State-Zip:TALLAHASSEE FL 32309City-State-Zip: TALLAHASSEE FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL SHINE CPA 03/17/2020