

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750996

**Entity Name:** THE 1200 THARPE STREET CHURCH, INC.**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  
Name SHINE, CHERYL A  
Address 1752 FOLKSTONE ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name BENNETT, GERALDINE  
Address 8790 MINNOW CREEK DR  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name SMITH, EVELYN  
Address 2917 BLUEFIELD LN  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name HEATHER, HURTHAO  
Address 2301 CHESTER CT  
City-State-Zip: TALLAHASSEE FL 32312

Title VP  
Name CHILES, LAWTON  
Address 12008 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name ELLIS, MICHAEL  
Address 4507 RANGEWOOD DR  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name BOGAN, BILL  
Address 2651 S HANNON HILL DR  
City-State-Zip: TALLAHASSEE FL 32309

*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

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date