

**2024 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 OTHER, CPA  
Name SHINE, CHERYL A  
Address 1752 FOLKSTONE ROAD  
City-State-Zip: TALLAHASSEE FL 32312

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

Title ELDER  
Name YOUNGER, KEVIN  
Address 2316 LIMERICK DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title PASTOR  
Name BATTLE, ANTHONY  
Address 2350 HADLEY CROSSING CT  
City-State-Zip: TALLAHASSEE FL 32309

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

Title DIRECTOR  
Name DANIEL, STEPHANIE  
Address 4506 BARCLAY LANE  
City-State-Zip: TALLAHASSEE FL 32309

Title ELDER  
Name CHEESEBOROUGH, HAROLD  
Address 2845 O HARA DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name HESS, ROGER  
Address 814 ELIZABETH DRIVE  
City-State-Zip: TALLAHASSEE FL 32303-5741

**Continues on page 2**

*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

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	KELLY, SALLIE
Address	1252 WINFIELD FOREST
City-State-Zip:	TALLAHASSEE FL 32317-8617