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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90046 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700290
 1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF TALLAHASSEE, INC.

Principal Place of Business TALLAHASSEE INC 102 N. ADAMS ST. TALLAHASSEE FL 32301-7718	Mailing Address 110 N ADAMS ST 102 N. ADAMS ST. TALLAHASSEE FL 32301-7777 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/18/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0651083 Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 STRAKENAS, ROBERT G 2334 CLARE DR TALLAHASSEE FL 32308	10. Name and Address of New Registered Agent 81 Name <u>Lowell Clary</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>2106 Olivia Dr.</u> 83 <u>Tallahassee</u> 84 City <u>Tallahassee</u> FL 85 Zip Code <u>32308</u>
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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 [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 <input checked="" type="checkbox"/> P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLARY, LOWELL		1.2 NAME	<u>Ray L'Amoreaux</u>
STREET ADDRESS 2106 OLIVIA DR		1.3 STREET ADDRESS	<u>1124 Camellia Dr.</u>
CITY-ST-ZIP TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	<u>Tallahassee, FL 32301-4652</u>
TITLE <input checked="" type="checkbox"/> ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MEIER, NORMA M		2.2 NAME	<u>Lois & Hawkes</u>
STREET ADDRESS 908 WAVERLY RD		2.3 STREET ADDRESS	<u>565 Oakland Ave.</u>
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP	<u>Tallahassee, FL 32301-4467</u>
TITLE <input checked="" type="checkbox"/> D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FOLKER, HOYT		3.2 NAME	<u>Vice President Ann M. Riccardi</u>
STREET ADDRESS 2123 ATCHENA NENE		3.3 STREET ADDRESS	<u>2006 West Randolph Circle</u>
CITY-ST-ZIP TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP	<u>Tallahassee, FL 32312-3349</u>
TITLE <input type="checkbox"/> D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSE, DOROTHY A		4.2 NAME	<u>Winnie Wentworth</u>
STREET ADDRESS 1310 GOLF TERRACE		4.3 STREET ADDRESS	<u>1921 S. Magnolia Dr.</u>
CITY-ST-ZIP TALLAHASSEE FL 32301		4.4 CITY-ST-ZIP	<u>Tallahassee, FL 32301-5758</u>
TITLE <input checked="" type="checkbox"/> P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAKENAS, ROBERT G		5.2 NAME	<u>Betty Miller</u>
STREET ADDRESS 2334 CLARE DR		5.3 STREET ADDRESS	<u>2004 W. Randolph Cr.</u>
CITY-ST-ZIP TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP	<u>Tallahassee, FL 32312-3349</u>
TITLE <input type="checkbox"/> D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIGHTOWER, ROBERT S		6.2 NAME	
STREET ADDRESS 1340 PEACEFIELD		6.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		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)(l), 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] DATE 2/14/99 DAYTIME PHONE # 222-4504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)