

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90582 029 \*\*\*\*61.25

**DOCUMENT # 700290**

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF TALLAHASSEE, INC.**

Principal Place of Business

Mailing Address

TALLAHASSEE INC  
 102 N. ADAMS ST.  
 TALLAHASSEE FL 32301-7718

TALLAHASSEE INC  
 102 N. ADAMS ST.  
 TALLAHASSEE FL 32301-7718  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0651083**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALEY, ROBLEY W**  
**5608 MOSSY TOP WAY**  
**TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **V**  
**HALEY, ROBLEY W**  
 STREET ADDRESS **5608 MOSSY TOP WAY**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303-6917**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**L'AMOREAUX, RAY**  
 STREET ADDRESS **1124 CAMELLIA DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301-4652**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST**  
**HAWKES, LOISE**  
 STREET ADDRESS **565 OAKLAND AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301-4467**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**MEETER, MARGARET K**  
 STREET ADDRESS **3012 BRANDEMERE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312-2438**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V**  
**DOLAN, RICHARD**  
 STREET ADDRESS **3113 BRANDYWINE DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312-3201**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**HIGHTOWER, ROBERT S**  
 STREET ADDRESS **1340 PEACEFIELD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/00)