

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-14-2002 90106 048 ****61.25

DOCUMENT # 700290
 1. Entity Name
FIRST PRESBYTERIAN CHURCH OF TALLAHASSEE, INC.

Principal Place of Business 102 NORTH ADAMS STREET TALLAHASSEE FL 32301-7718	Mailing Address 102 NORTH ADAMS STREET TALLAHASSEE FL 32301-7718
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0651083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALEY, ROBLEY W
5608 MOSSY TOP WAY
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	V	<input type="checkbox"/> Delete
NAME	HALEY, ROBLEY W	
STREET ADDRESS	5608 MOSSY TOP WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32303-6917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	L'AMOREAUX, RAY	
STREET ADDRESS	1124 CAMELLIA DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301-4852	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HAWKES, LOISE	
STREET ADDRESS	585 OAKLAND AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301-4487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEETER, MARGARET K	
STREET ADDRESS	3012 BRANDEMERE	
CITY-ST-ZIP	TALLAHASSEE FL 32312-2438	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOLAN, RICHARD	
STREET ADDRESS	3113 BRANDYWINE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312-3201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGHTOWER, ROBERT S	
STREET ADDRESS	1340 PEACEFIELD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Braun, Garwood A.	
STREET ADDRESS	4425 Meandering Way Apt. 521	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hendry, Patricia	
STREET ADDRESS	2758 Timbertrail Circle	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Martha	
STREET ADDRESS	1625 Centerville Road #30	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 HALEY W Date: Jan 26, 2002 Daytime Phone #: (850) 562-0494

CR2E037 (9/01)