

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**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**



01182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0651083**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KICKLITER, RAYMOND L  
4117 COVENANT LANE  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000209167  
02/02/05-80027-015 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
KICKLITER, RAYMOND L  
4117 COVENANT LANE  
TALLAHASSEE, FL 323085764**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BRAUN, GARWOOD A  
4425 MEANDERING WAY, APT 521  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HENDRY, PATRICIA  
2758 TIMBERTRAIL CIRCLE  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
STEWART, MARTHA  
1625 CENTERVILLE ROAD, #30  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HIGHTOWER, SUE  
1118 MERCER  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SAYES, JAMES  
1560 CRISTOBAL DR  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

**1/18/05**

**850/  
222 4504**