

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90016 034 ****61.25

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08012006 Chg-NP CR2E037 (4/06)

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0651083	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KICKLITER, RAYMOND L 4117 COVENANT LANE TALLAHASSEE, FL 32308			Name <u>ANN WESTALL</u> Street Address (P.O. Box Number is Not Acceptable) <u>2022 SHADY OAKS DRIVE</u> City <u>TALLAHASSEE</u> FL Zip Code <u>32303</u>		
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 <u>Ann Westall</u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>8/3/06</u>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KICKLITER, RAYMOND L		NAME	ANN WESTALL	
STREET ADDRESS	4117 COVENANT LANE		STREET ADDRESS	2022 SHADY OAKS DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 323085764		CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, GARWOOD A		NAME	AMANDA CANNON-ERIKSON	
STREET ADDRESS	4425 MEANDERING WAY, APT 521		STREET ADDRESS	1310 PIEDMONT DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRY, PATRICIA		NAME	PRESTON D. MILLY	
STREET ADDRESS	2758 TIMBERTRAIL CIRCLE		STREET ADDRESS	4425 MEANDERING WAY #508-05	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, MARTHA		NAME	RICHARD DOLAN	
STREET ADDRESS	1625 CENTERVILLE ROAD, #30		STREET ADDRESS	3113 BRANDY WINE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGHTOWER, SUE		NAME	HOYT FOLKER	
STREET ADDRESS	1118 MERCER		STREET ADDRESS	2123 ATCHENA NENE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYES, JAMES		NAME	KATE KERR	
STREET ADDRESS	1560 CRISTOBAL DR		STREET ADDRESS	1448 DENHOLM DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ann Westall</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>8/3/06</u> <u>922-4504</u> Date Daytime Phone #		

ADDITIONS CONTINUED NEXT PAGE

D
JOHN MAYO
2905 WOODSIDE DRIVE
TALLAHASSEE, FL 32312

ADDITION

ATTACHMENT
50024217
#700290

D
LESTER ABBERGER
1435 MARION AVE
TALLAHASSEE, FL 32303

ADDITION

D
RANDY POPLE
2117 TRECOTT DRIVE
TALLAHASSEE, FL 32308

ADDITION