

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/29.

01-29-2003 90158 032 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0651083		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional - Fee Required	
Zip	Country	Zip	Country				

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 Raymond L. Kickliter					
				Street Address (P.O. Box Number is Not Acceptable) 4117 Covenant Lane					
				City Tallahassee		FL		Zip Code 32308	

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 *Raymond L. Kickliter* DATE **11 Feb 03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALEY, ROBLEY W		NAME	RAYMOND L. KICKLITER	
STREET ADDRESS	5608 MOSSY TOP WAY		STREET ADDRESS	4117 COVENANT LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303-6917		CITY-ST-ZIP	TALLAHASSEE, FL 32308-5764	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, GARWOOD A		NAME	SUE HIGHTOWER	
STREET ADDRESS	4425 MEANDERING WAY, APT 521		STREET ADDRESS	1118 Mercer	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	XV	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, PATRICIA		NAME	JAMES SAYES	
STREET ADDRESS	2758 TIMBERTRAIL CIRCLE		STREET ADDRESS	1560 Cristobal DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, MARTHA		NAME	RANDY Pople	
STREET ADDRESS	1625 CENTERVILLE ROAD, #30		STREET ADDRESS	2117 Trescott DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, RICHARD		NAME	Bebe Blount	
STREET ADDRESS	3113 BRANDYWINE DR		STREET ADDRESS	6726 Cheryl Way	
CITY-ST-ZIP	TALLAHASSEE FL 32312-3201		CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	JAMES LYLE	
STREET ADDRESS			STREET ADDRESS	3764 Millers Bridge Road	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee, FL 32312	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Raymond L. Kickliter* DATE: **19 Jan 03** DAYTIME PHONE #: **850-224-6075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)