

DOCUMENT # 701491

1. Entity Name

TALLAHASSEE CHURCH OF GOD, INC.

Principal Place of Business

1304 CENTRAL STREET
TALLAHASSEE FL 32303

Mailing Address

1304 CENTRAL STREET
TALLAHASSEE FL 32303-5923

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

5932195511

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LINDSEY, WM. SCOTT
1407 PIEDMONT DRIVE E.
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	TAYLOR, ANNIE F	
STREET ADDRESS	2345 MONDAY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	VPD	☐ Delete
NAME	SLAUGHTER, BRENDA	
STREET ADDRESS	6752 HUGH ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	STD	☐ Delete
NAME	MARQUESS, JOSETTE	
STREET ADDRESS	109 YOUNG STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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 #

APPROVED
AND
FILED

00 APR 26 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1-18-2000

(850) 488-8000, 103