

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 701491 1. Entity Name TALLAHASSEE CHURCH OF GOD, INC.	
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Principal Place of Business
1304 CENTRAL STREET
TALLAHASSEE, FL 32303

Mailing Address
1304 CENTRAL STREET
TALLAHASSEE, FL 32303



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3219551	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAYLOR, ANNIE F 2345 MONDAY STREET TALLAHASSEE, FL 32301
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SLAUGHTER, BRENDA 6752 HUGH ROAD TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARQUESS, JOSETTE 109 YOUNG STREET TALLAHASSEE, FL 32301
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11000000121550
04/20/04-80057-016 61.25

**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 #

4-18-04 (850) 878-5677