

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90002 005 ****64.25

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

50058199



DO NOT WRITE IN THIS SPACE

07102005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3219551

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

**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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~200057912347~~
~~07/26/05-01073-004 **\$61.25~~

~~000000374557~~
~~07/26/05-01073-004 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)(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 #

7-24-05 (850) 878-5677