

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704928

1. Entity Name

THE TALLAHASSEE DISTRICT BOARD OF MISSIONS AND C

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90049 037 ****61.25

Principal Place of Business

3370 CAPITAL CIRCLE NE. CAPITAL PLACE
SUITE C-1
TALLAHASSEE FL 32308

Mailing Address

3370 CAPITAL CIRCLE NE. CAPITAL PLACE
SUITE C-1
TALLAHASSEE FL 32308-3747

2. Principal Place of Business

3. Mailing Address

P O BOX 13766

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL

Zip

Country

Zip

Country

32317

USA

4. FEI Number

59-2373277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BINGER, DOROTHY
444 APLEYARD DR.
TALLAHASSEE FL 32304

Name

(SAME)

Street Address (P.O. Box Number is Not Acceptable)

1601 RAA AVENUE

City

TALLAHASSEE FL

FL

Zip Code

32303

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME POWELL, JOSEPH C
STREET ADDRESS 1537 LEE AVENUE
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☒ Change ☐ Addition
NAME WEAVER, CHARLES E
STREET ADDRESS 1537 LEE AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE SD ☒ Delete
NAME FLETCHER, JOHN
STREET ADDRESS 2914 WOODSIDE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☒ Change ☐ Addition
NAME FLETCHER, JOHN
STREET ADDRESS 2850 GREEN FOREST LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE TD ☒ Delete
NAME BINGER, DOROTHY
STREET ADDRESS 1601 RAA AVE.
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD ☒ Change ☐ Addition
NAME RUSSELL, KAREN J
STREET ADDRESS 3042 STILLWOOD COURT
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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: Charles E. Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Feb 2000

Date

950-386-2154

Daytime Phone #

CR2E037 (9/99)