

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704928

1. Entity Name

THE TALLAHASSEE DISTRICT BOARD OF MISSIONS AND C

Principal Place of Business

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

Mailing Address

PO BOX 13766  
TALLAHASSEE FL 32317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BINGER, DOROTHY  
1601 RAA AVE  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street 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 \$61.25

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

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

TITLE SD  
NAME FLETCHER, JOHN  
STREET ADDRESS 2850 GREEN FOREST LN  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☒ Delete

TITLE TD  
NAME RUSSELL, KAREN J  
STREET ADDRESS 3042 STILLWOOD CT  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

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 CD  
NAME YATES, LINDA  
STREET ADDRESS 1204 GARDENIA DR  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☒ Addition

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

TITLE SD  
NAME HANKS, CARL  
STREET ADDRESS 375 N. SUNSET  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Change ☒ Addition

TITLE VC D  
NAME MONROE IV, D LLOYD  
STREET ADDRESS 1319 THOMASWOOD DR  
CITY-ST-ZIP TALLAHASSEE, FL 32312 ☐ Change ☒ Addition

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: Karen J Russell Treasurer KAREN J. RUSSELL 4-21-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

575-0179  
Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90143 009 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2373277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)