

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90354 048 \*\*\*\*\*61.25

**DOCUMENT # 704928**

1. Entity Name

**THE TALLAHASSEE DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF THE METHODIST CHURCH, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
1601 RAA AVE  
TALLAHASSEE FL 32303**

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEAVER, CHARLES E	
STREET ADDRESS	1537 LEE AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	CD	<input type="checkbox"/> Delete
NAME	YATES, LINDA	
STREET ADDRESS	1204 GARDENIA DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUSSELL, KAREN J	
STREET ADDRESS	3042 STILLWOOD CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANKS, CARL	
STREET ADDRESS	375 N. SUNSET	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MONROE IV, D LLOYD	
STREET ADDRESS	1319 THOMASWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRILLHART, DOROTHY	
STREET ADDRESS	204 CYPRESS RD.	
CITY-ST-ZIP	PERRY FL 32348	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, PHIL	
STREET ADDRESS	834 BAHAMA DR.	
CITY-ST-ZIP	TALLAHASSEE, FL. 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 RUSSELL*

4-18-03

575-0179

CR2E037 (10/02)