

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708688** (7)

1. Corporation Name

TALLAHASSEE BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**4225 CRAWFORDVILLE RD
TALLAHASSEE FL 32310-7032**

**4225 CRAWFORDVILLE RD
TALLAHASSEE FL 32310-7032**

3. Date Incorporated or Qualified

03/23/1965

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONDS, RONALD E.
6222 LAFRANCE RD.
TALLAHASSEE FL 32310**

81 Name

Paul D Donaldson

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

6294 Williams Rd

83

84 City

Tallahassee

FL

85 Zip Code
32311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Paul D Donaldson* **Paul D Donaldson**

4/30/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **LAWSON, JAMES M.**
CITY-ST-ZIP **118 BASS STREET
TALLAHASSEE FL 32310**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **VOWELL, CHRIS**
CITY-ST-ZIP **8522 TWIN LAKES LANE
TALLAHASSEE FL 32311**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **BONDS, RONALD E**
CITY-ST-ZIP **2018 DYREHAVEN DR
TALLAHASSEE FL 32311**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Donaldson, Paul D**
3.3 STREET ADDRESS **6294 Williams Rd**
3.4 CITY-ST-ZIP **Tallahassee FL 32311**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul D Donaldson* **Paul D Donaldson** AP

4/30/96

877-5870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)