

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **708688** (7)
1. Corporation Name
TALLHASSEE BAPTIST CHURCH, INC.



Principal Place of Business: **4225 CRAWFORDVILLE RD TALLHASSEE FL 32310-7032**
Mailing Address: **4225 CRAWFORDVILLE RD TALLHASSEE FL 32310-7032**

3. Date Incorporated or Qualified: **03/23/1965**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **05-0025004**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**BONDS, RONALD E.
6222 LAFRANCE RD.
TALLHASSEE FL 32310**

10. Name and Address of New Registered Agent
81. Name: **Paul D Donaldson**
82. Street Address (P.O. Box Number is Not Acceptable): **6297 Williams Rd**
83. City: **Tallahassee**
84. State: **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**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWHON, JAMES M.	1.2 NAME	
STREET ADDRESS	118 BASS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL 32310	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOWELL, CHRIS	2.2 NAME	
STREET ADDRESS	8522 TWIN LAKES LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL 32311	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDS, RONALD E	3.2 NAME	B Donaldson, Paul D
STREET ADDRESS	2018 DYREHAVEN DR	3.3 STREET ADDRESS	6297 Williams Rd
CITY-ST-ZIP	TALLHASSEE FL 32311	3.4 CITY-ST-ZIP	Tallahassee FL 32311
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)