

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business

2a. Mailing Address

21 Apalachee Elementary School

26 P.O. Box 2156

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 450 Trojan Trail

27

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip

Country

Zip

Country

24 32311

25 USA

29 32316-2156

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/23/1965

3a. Date of Last Report  
05/01/1996

4. FEI Number  
05-0025004

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

PAUL DONALDSON  
6294 WILLIAMS RD.  
TALLAHASSEE FL 32311

81 Name  
Rev. Dennis L. Coxwell  
82 Street Address (P.O. Box Number is Not Acceptable)  
825 Burntleaf Lane  
83  
84 City Tallahassee FL 85 Zip Code 32310

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

*Dennis L. Coxwell*  
Signature, typed or printed name of registered agent and title, if applicable

Dennis L. Coxwell, minister

5-28-97

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	LAWHON, JAMES M.	
STREET ADDRESS	118 BASS STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VOWELL, CHRIS	
STREET ADDRESS	8522 TWIN LAKES LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DONALDSON, PAUL D.	
STREET ADDRESS	6294 WILLIAM RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rev. Dennis L. Coxwell	
1.3 STREET ADDRESS	825 Burntleaf Lane	
1.4 CITY-ST-ZIP	Tallahassee, FL 32310	
2.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lawhorn, James M.	
2.3 STREET ADDRESS	118 Bass Street	
2.4 CITY-ST-ZIP	Tallahassee, FL 32310	
3.1 TITLE	Tr/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Chris Vowell	
3.3 STREET ADDRESS	8522 Twin Lakes Lane	
3.4 CITY-ST-ZIP	Tallahassee, FL 32311	
4.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donaldson, Paul D.	
4.3 STREET ADDRESS	6294 Williams Rd.	
4.4 CITY-ST-ZIP	Tallahassee, FL 32311	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)