

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714267

FILED
Apr 06, 2006
Secretary of State

Entity Name: FAITH BAPTIST CHURCH OF TALLAHASSEE, FLORIDA, INC.

Current Principal Place of Business:

3333 APALACHEE PARKWAY
TALLAHASSEE, FL 323115301

New Principal Place of Business:

Current Mailing Address:

3333 APALACHEE PARKWAY
TALLAHASSEE, FL 323115301

New Mailing Address:

FEI Number: 59-1167970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REHBERG, RON K
7614 WHITE FENCE LANE
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINCHESTER, MARK
Address: P O BOX 425
City-St-Zip: LLOYD, FL 32337

Title: TD () Delete
Name: REHBERG, RON K
Address: 7614 WHITE FENCE LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: AT () Delete
Name: CORBETT, TOM
Address: 1124 RICHARDSON RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SMITH, DARRELL
Address: 3672 OVERLOOK DR.
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: CORBETT, TOM
Address: 24370 LANIER ST.
City-St-Zip: TALLAHASSEE, FL 32310

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL C. DALE

O

04/06/2006

Electronic Signature of Signing Officer or Director

Date