


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90027 019 \*\*\*\*\*70.00

<b>DOCUMENT # 714267</b> 1. Entity Name <b>FAITH BAPTIST CHURCH OF TALLAHASSEE, FLORIDA, INC.</b>					
Principal Place of Business <b>3333 APALACHEE PARKWAY TALLAHASSEE, FL 32311-5301</b>			Mailing Address <b>3333 APALACHEE PARKWAY TALLAHASSEE, FL 32311-5301</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02062008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-1167970</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>REHBERG, RON K 7614 WHITE FENCE LANE TALLAHASSEE, FL 32311</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u><i>Ron Rehberg</i></u> DATE <u>2-28-08</u>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, JAMES R</b> <b>1000-4 HOLLAND DR.</b> <b>TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>Melanie Schwenk, Melanie G</b> <b>9719 Gamble Rd.</b> <b>Monticello, FL 32344</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>REHBERG, RON K</b> <b>7614 WHITE FENCE LANE</b> <b>TALLAHASSEE, FL 32311</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>CORBETT, TOM</b> <b>1124 RICHARDSON DR.</b> <b>TALLAHASSEE, FL 32301</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, DARRELL</b> <b>3672 OVERLOOK DR.</b> <b>TALLAHASSEE, FL 32311</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>DALE, CAROL C</b> <b>3600 BUCKNER CT.</b> <b>TALLAHASSEE, FL 32311</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Ron Rehberg</i></u>			Date <u>2-28-08</u> Daytime Phone # <u>850-488-2283</u>		