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Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723612 (8)

1. Corporation Name

SABAL PALM BAPTIST CHURCH OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310-51643. Date Incorporated or Qualified
06/07/19723a. Date of Last Report
05/23/19964. FEI Number
59-1450318Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENZIE, ESTHER
7535 - 232 WEST TENNESSEE STREET
TALLAHASSEE FL 3230481 Name
Don Filkins82 Street Address (P.O. Box Number is Not Acceptable)
2910 Jewel Drive

83

84 City
Tallahassee85 Zip Code
FL 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 *Don Filkins* Don Filkins

2/24/97

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 12

TITLE T ☐ DELETE
NAME RAINS, ANGELIA
STREET ADDRESS 1443 CANE ROAD
CITY-ST-ZIP TALLAHASSEE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME RAINS, SCOTT
STREET ADDRESS 1443 CANE ROAD
CITY-ST-ZIP TALLAHASSEE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME LAWRENCE, HERSCHEL
STREET ADDRESS 2126 WILLIE VAUSE ROAD
CITY-ST-ZIP TALLAHASSEE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FILKINS, DON
STREET ADDRESS 2910 JEWEL DR.
CITY-ST-ZIP TALLAHASSEE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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.

SIGNATURE:

Angelia B. Rains-Jones

1/30/97 413-3622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)