


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 723612

1. Entity Name
SABAL PALM BAPTIST CHURCH OF TALLAHASSEE, INC.



Principal Place of Business SABAL PALM BAPTIST CHURCH 1915 DALE STREET TALLAHASSEE, FL 32310	Mailing Address SABAL PALM BAPTIST CHURCH 1915 DALE STREET TALLAHASSEE, FL 32310
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1450318	Applied For Not Applicable
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent

RAINS, SCOTT
 1443 CANE ROAD
 TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

FILE NOW - FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete	NAME	RAINS, ANGELIA	STREET ADDRESS	1443 CANE ROAD	CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	T	<input type="checkbox"/> Delete	NAME	RAINS, SCOTT	STREET ADDRESS	1443 CANE ROAD	CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	SIGAFOO, ROLAND	STREET ADDRESS	3260 W. TENNESSEE STREET	CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	T	<input type="checkbox"/> Delete	NAME	Dennis L. Coxwell	STREET ADDRESS	1203 Richview Rd	CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	T	<input type="checkbox"/> Delete	NAME	Carl Bennett	STREET ADDRESS	6034 Redfield Cir	CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	T	<input type="checkbox"/> Delete	NAME	Christian D. Vowell	STREET ADDRESS	8522 Clear Lake Ln	CITY-ST-ZIP	Tallahassee, FL 32311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Dennis L. Coxwell	STREET ADDRESS	1203 Richview Rd	CITY-ST-ZIP	Tallahassee FL 32301
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Carl Bennett	STREET ADDRESS	6034 Redfield Cir	CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Christian DVowell	STREET ADDRESS	8522 Clear Lake Ln	CITY-ST-ZIP	Tallahassee, FL 32311

12. I 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 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: *D. L. Coxwell* 4/27/03 576-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR12E037 (10/02)