


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 002 ****61.25

DOCUMENT # 724127 1. Entity Name FELLOWSHIP BAPTIST CHURCH OF TALLAHASSEE, INC.					
Principal Place of Business 3705 NORTH MONROE STREET TALLAHASSEE, FL 32303			Mailing Address 3705 NORTH MONROE STREET TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03092007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0998540				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, BILL 3705 N. MONROE ST TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Roberts, Gloria Street Address (P.O. Box Number is Not Acceptable) 3705 N. Monroe St City Tallahassee FL Zip Code 32303		
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>Gloria C. Roberts</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR THOMAS, LINDA 3705 N. MONROE ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR - C Roberts, Gloria 3705 N. Monroe Tallahassee FL 32303
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ABBOTT, CAROL 3705 N. MONROE STREET TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CRESSE, NI 3705 N. Monroe Tallahassee FL 32303
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WOOLERY, BILL 3705 N. MONROE ST TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CRESSE, NI 3705 N. Monroe Tallahassee FL 32303
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COLEMAN, BILL 3705 N. MONROE ST. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CRESSE, NI 3705 N. Monroe Tallahassee FL 32303
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLEMAN, SUSIE 3705 N. MONROE STREET TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CRESSE, NI 3705 N. Monroe Tallahassee FL 32303
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ATKINSON, RICKY 3705 NORTH MONROE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CRESSE, NI 3705 N. Monroe Tallahassee FL 32303
		<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>Gloria C. Roberts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/9/07 <small>Date</small>		850/502-2040 <small>Daytime Phone #</small>	

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