

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724127

FILED
Mar 18, 2009
Secretary of State

Entity Name: FELLOWSHIP BAPTIST CHURCH OF TALLAHASSEE, INC.

Current Principal Place of Business:

3705 NORTH MONROE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

3705 NORTH MONROE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-0998540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLERY, BILL
3705 N MONROE ST
TALLAHASSEE, FL 32303 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: TR () Delete
Name: STRICKLAND, CHRYSTELLE
Address: 3705 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: TR () Delete
Name: ABBOTT, CAROL
Address: 3705 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: TR () Delete
Name: WOOLERY, BILL
Address: 3705 N. MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: TR () Delete
Name: HAM, JEANELLE
Address: 3705 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: COLEMAN, SUSIE
Address: 3705 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: TR () Delete
Name: ATKINSON, RICKY
Address: 3705 NORTH MONROE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: TR (X) Change () Addition
Name: CRESSE, AL
Address: 3705 NORTH MONROE
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM WOOLERY

TR

03/18/2009

Electronic Signature of Signing Officer or Director

Date