


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # 730550 1. Entity Name CAPITAL HEIGHTS BAPTIST CHURCH, INC.	
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Principal Place of Business 7150 APALACHEE PARKWAY TALLAHASSEE, FL 32311	Mailing Address 7150 APALACHEE PARKWAY TALLAHASSEE, FL 32311
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2369028	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

**LINTON, JIMMY
9459 BOYKIN RD
TALLAHASSEE, FL 32311**

**DO NOT WRITE
IN THIS SPACE**

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 *Jimmy A Linton* **1/26/8**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	BURRUS, DERRICK
NAME	
STREET ADDRESS	7150 APALACHEE PKWY
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE D	LINTON, JIMMY
NAME	
STREET ADDRESS	9459 BOYKIN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE V	KINSEY, CLINTON
NAME	
STREET ADDRESS	W W KELLEY RD
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE S	TRAWICK, RACHAEL
NAME	
STREET ADDRESS	2121 CORINNE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE D	MCDARMID, AL
NAME	
STREET ADDRESS	8726 OLD BAINBRIDGE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE D	HUMES, ROBERT
NAME	
STREET ADDRESS	2116 LITTLE RIVER RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32311

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IN THIS SPACE**

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02/14/08-80051-009 61.25

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: *[Signature]* **1/26/8** **850 345-0405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #