

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90060 024 ****61.25

DOCUMENT # 736892

1. Entity Name

AENON BAPTIST CHURCH OF TALLAHASSEE, FLORIDA, INC.



Principal Place of Business

2606 HARTSFIELD
TALLAHASSEE FL 32303
US

Mailing Address

2606 HARTSFIELD ROAD
TALLAHASSEE FL 32303
US



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

4. FEI Number

59-2489199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MEREDITH, BRUCE
2306 TRIMBLE ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Ruth Bracewell

Street Address (P.O. Box Number is Not Acceptable)

1000 NATURE TRAIL WAY

City

Tallahassee

FL

Zip Code
32310

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

Ruth Bracewell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: SD ☐ Delete
NAME: MEREDITH BRUCE
STREET ADDRESS: 2306 TRIMBLE ROAD
CITY-STATE-ZIP: TALLAHASSEE, FL 00000 32303

TITLE: PD ☒ Delete
NAME: CALLAHAN, RALPH
STREET ADDRESS: RT 10 BOX 149-1
CITY-STATE-ZIP: TALLAHASSEE, FL 00000 32310 *Deceased*

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: *S/T* ☐ Change ☒ Addition
NAME: *Bracewell, Ruth*
STREET ADDRESS: *1000 Nature Trail Way*
CITY-STATE-ZIP: *Tallahassee, FL 32310*

TITLE: *D/T* ☐ Change ☒ Addition
NAME: *Maige, Louis*
STREET ADDRESS: *1250 Dove Roost*
CITY-STATE-ZIP: *Tallahassee, FL 32310*

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ruth Bracewell *Ruth Bracewell*

2/3/07

850-576-6911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #