

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750996 (1)**

1. Corporation Name

**THE TALLAHASSEE CHURCH OF CHRIST, INC.**



Principal Place of Business

Mailing Address

901 THOMASVILLE ROAD  
TALLAHASSEE FL 32303-6219

901 THOMASVILLE ROAD  
TALLAHASSEE FL 32303-6219

3. Date Incorporated or Qualified  
**02/12/1980**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2110536**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANIEL, STEPHANIE  
1511 TWIN LAKES CIRCLE  
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                 |                              |                                            |
|-----------------|------------------------------|--------------------------------------------|
| TITLE           | DP                           | <input type="checkbox"/> DELETE            |
| NAME            | LAMBERT, DOUGLAS             |                                            |
| STREET ADDRESS  | 237 STURGEON DRIVE           |                                            |
| CITY - ST - ZIP | TALLAHASSEE FL 32308         |                                            |
| TITLE           | DS                           | <input checked="" type="checkbox"/> DELETE |
| NAME            | GROSS, FRANK B.              |                                            |
| STREET ADDRESS  | 3373 LIFFORD CIRCLE          |                                            |
| CITY - ST - ZIP | TALLAHASSEE FL               |                                            |
| TITLE           | DT                           | <input type="checkbox"/> DELETE            |
| NAME            | LOWRIE, LYNN E.              |                                            |
| STREET ADDRESS  | 1900 CENTRE POINTE BLVD #126 |                                            |
| CITY - ST - ZIP | TALLAHASSEE FL               |                                            |
| TITLE           |                              | <input type="checkbox"/> DELETE            |
| NAME            |                              |                                            |
| STREET ADDRESS  |                              |                                            |
| CITY - ST - ZIP |                              |                                            |
| TITLE           |                              | <input type="checkbox"/> DELETE            |
| NAME            |                              |                                            |
| STREET ADDRESS  |                              |                                            |
| CITY - ST - ZIP |                              |                                            |
| TITLE           |                              | <input type="checkbox"/> DELETE            |
| NAME            |                              |                                            |
| STREET ADDRESS  |                              |                                            |
| CITY - ST - ZIP |                              |                                            |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  |                                                                              |
| 14 CITY - ST - ZIP |                                                                              |
| 21 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME            | D Secretary                                                                  |
| 23 STREET ADDRESS  | Jean Louise Morales                                                          |
| 24 CITY - ST - ZIP | 2457 Manzanita Court                                                         |
| 25 CITY - ST - ZIP | TALLAHASSEE FL                                                               |
| 31 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            | D Treasurer                                                                  |
| 33 STREET ADDRESS  | Lowrie, Lynn E.                                                              |
| 34 CITY - ST - ZIP | 275 John Knox Rd #U-104                                                      |
| 35 CITY - ST - ZIP | TALLAHASSEE FL 32303                                                         |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            | 500001760425                                                                 |
| 53 STREET ADDRESS  | -03/28/96--01018--012                                                        |
| 54 CITY - ST - ZIP | ***61.25                                                                     |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jean Louise Morales*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96  
Date

(904) 224-0914  
Daytime Phone #

CR2E037 (12/95)