


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90010 009 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 750996</b>					
1. Corporation Name <b>THE TALLAHASSEE CHURCH OF CHRIST, INC.</b>					
Principal Place of Business 901 THOMASVILLE ROAD TALLAHASSEE FL 32303-6219			Mailing Address 313 JOHNSTON ST SUITE A TALLAHASSEE FL 32303 US		
2. Principal Place of Business 21 901 THOMASVILLE ROAD Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE, FLORIDA Zip Country 24 32303 25		2a. Mailing Address 26 313 JOHNSTON ST. Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE, FL Zip Country 29 32303 30		3. Date Incorporated or Qualified 02/12/1980 4. FEI Number 59-2110536 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DANIEL, STEPHANIE 1511 TWIN LAKES CIRCLE TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP NAME LAMBERT, DOUGLAS STREET ADDRESS 237 STURGEON DRIVE CITY-ST-ZIP TALLAHASSEE FL 32308 <input type="checkbox"/> DELETE			1.1 TITLE DP 1.2 NAME FRANK B. GROSS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS 3733 LIFFORD CIRCLE 1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308		
TITLE DS NAME GROSS, FRANK B STREET ADDRESS 3733 LIFFORD CIRCLE CITY-ST-ZIP TALLAHASSEE FL 32308 <input type="checkbox"/> DELETE			2.1 TITLE DS 2.2 NAME BILL BOGAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS 3672 STIRLING DR. 2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308		
TITLE DT NAME MORALES, JEAN L STREET ADDRESS P O BOX 2162 N/A CITY-ST-ZIP TALLAHASSEE FL 32316 <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE D 4.2 NAME JENNIFER T. NASH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.3 STREET ADDRESS 4039 ROSCREA DRIVE 4.4 CITY-ST-ZIP TALLAHASSEE, FL 32308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED** MORALES 02/23/99 (850) 224-0914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)