2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750996

Entity Name: THE TALLAHASSEE CHURCH, INC,

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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901 THOMASVILLE RD TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

313 JOHNSON STREET 901 THOMASVILLE RD TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 US

FEI Number: 59-2110536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GROSS, FRANK B
 Name:
 GROSS, FRANK B

 Address:
 1621 NORWOOD LANE
 Address:
 2340 FOXBORO WAY

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: C () Delete Title: () Change () Addition

 Name:
 BOGAN, BILL
 Name:

 Address:
 3672 CORINTH DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL
 32308
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name:NASH, JENNIFER TName:NASH, JENNIFER TAddress:4039 ROSCREA DRAddress:3062 O'BRIEN

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete Title: () Change () Addition

 Name:
 YOUNGER, KEVIN
 Name:

 Address:
 2316 LIMERICK DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 SPENCER, CHERYL
 Name:

 Address:
 1752 FOLKSTONE RD
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILL BOGAN C 04/28/2004