

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

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 752842

1. Entity Name
**THE INDIAN SPRINGS BAPTIST CHURCH,
INCORPORATED**



Principal Place of Business
**5593 VETERANS MEMORIAL HIGHWAY
TALLAHASSEE, FL 32309**

Mailing Address
**5593 VETERANS MEMORIAL HIGHWAY
TALLAHASSEE, FL 32309**



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1879897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMMONS, MIKE
8800 BILLINGSLEY RD
TALLAHASSEE, FL 32309**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000952547
06/04/08-80085-008 70.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LACKEY, FRED
STREET ADDRESS 15520 SUNRAY RD
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D
NAME GWALTNEY, DAWN
STREET ADDRESS 12457 HOLEY RD
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE TD
NAME SIMMONS, MIKE
STREET ADDRESS 8800 BILLINGSLEY RD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Mike Simmons*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-08