

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
Jun 08, 2001 8:00 am
Secretary of State

04-30-2001 90127 002 ****61.25

DOCUMENT # N00000001143

1. Entity Name

CENTRAL BAPTIST CHURCH OF TALLAHASSEE, FL., INC.

Principal Place of Business

Mailing Address

**010 JACLIFF CT.
TALLAHASSEE FL 32308**

**250 INTREPID CT.
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

1839 Jaclif Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-3558736

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRICKLAND, JANE
010 JACLIFF CT.
TALLAHASSEE FL 32308**

Name

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

1839 Jaclif Court

City

FL

Zip Code

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.

SIGNATURE

Jane M. Strickland

4/25/2001

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DAVIS, CATHY**
STREET ADDRESS **2850 PINE RIDGE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STRICKLAND, STAN**
STREET ADDRESS **2108 LYTHAM LN.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3218 E. Lakeshore Dr.**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Delete
NAME **STRICKLAND, JANE**
STREET ADDRESS **2108 LYTHAM LN.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3218 E. Lakeshore Dr.**
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STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Stanley Strickland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

Date

850/386-8121

Daytime Phone #

CR2E037 (10/00)