

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001143

1. Entity Name
CENTRAL BAPTIST CHURCH OF TALLAHASSEE, FL.,
INC.



Principal Place of Business
321 ANTON DR
TALLAHASSEE, FL 32312

Mailing Address
321 ANTON DR
TALLAHASSEE, FL 32312

FILED

04 APR 30 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3558736

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

STRICKLAND, JANE
321 ANTON DR
TALLAHASSEE, FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

KH

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STRICKLAND, STAN
3218 E LAKESHORE DRIVE
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STRICKLAND, JANE
3218 E LAKESHORE DRIVE
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200035849092
05/11/04--01019--009 **61.25

DO NOT WRITE
IN THIS SPACE

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:

Jane M. Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane M. Strickland

4/30/04

950-386-8121

Date

Daytime Phone #