


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 28 PM 4: 20

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|---|---|
| DOCUMENT # N00000002787 1. Entity Name THE CHURCH OF GOD AT TALLAHASSEE CORPORATION |  |
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| Principal Place of Business 1222 LUCY STREET TALLAHASSEE, FL 32308 | Mailing Address 1222 LUCY STREET TALLAHASSEE, FL 32308 |
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| 2. Principal Place of Business <i>1108 Rich View Road</i> Suite, Apt. #, etc. | 3. Mailing Address <i>1108 Rich View Road</i> Suite, Apt. #, etc. |
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|---|------------------------------------|-----------------------------|--|
| City & State <i>Tallahassee, Florida</i> | City & State <i>Tallahassee</i> | 4. FEI Number 59-3642957 | Applied For <input type="checkbox"/> Not Applicable |
| Zip <i>32301</i> | Country <i>LEON</i> | Zip <i>32301</i> | Country <i>LEON</i> |



05282004 Chg-NP CR2E037 (10/03)

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| 6. Name and Address of Current Registered Agent FRANCE BURNS, ESTHER 1222 LUCY STREET <i>1108 Rich View Road</i> TALLAHASSEE, FL 32308 <i>32301</i> | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> City FL Zip Code |
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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 *Esther France Burns* *May 28, 2004*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|--|---------------------------------|---|-------------------------------------|---|
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANCE BURNS, ESTHER | | NAME | 300037570333 | |
| STREET ADDRESS | 1222 LUCY STREET <i>1108 Rich View Road</i> | | STREET ADDRESS | 06/02/04--01020--001 **70.00 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 <i>32301</i> | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURNS SLATON, JOHNNIE M | | NAME | | |
| STREET ADDRESS | 1222 LUCY STREET <i>1108 Rich View Road</i> | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 <i>32301</i> | | CITY-ST-ZIP | | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SLATON, GREGORY JOHN | | NAME | | |
| STREET ADDRESS | 1222 LUCY STREET <i>1108 Rich View Road</i> | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 <i>32301</i> | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *Esther France Burns* *Esther France Burns* *May 28, 2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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