
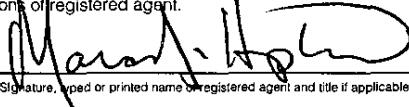
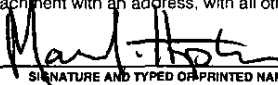


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 26 PM 12: 27

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # N03000005808 1. Entity Name TALLAHASSEE EQUALITY ACTION MINISTRY INC. | | | |  | |
| Principal Place of Business 912 MICCOSUKEE RD TALLAHASSEE, FL 32308 | | | Mailing Address P.O. BOX 2433 TALLAHASSEE, FL 32316 | | |
| 2. Principal Place of Business 912 MICCOSUKEE RD | | 3. Mailing Address P.O. BOX 5923 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tallahassee FLORIDA | | City & State Tallahassee FLORIDA | | 4. FEI Number 59-3639170 | |
| Zip 32308 | | Country LEON, US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 32314 | | Country US | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HEPBURN, MARCUS 912 MICCOSUKEE RD TALLAHASSEE, FL 32308 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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  | | DATE 4/26/04 | | | |
| Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP | CO-PRESIDENT MARCUS HEPBURN 4665 Thomasville Rd Tallahassee FL 32308 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600035733616 05/07/04--01019--014 **\$1.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CO-PRESIDENT CALVIN MCFADDEN 2821 S. MONROE ST TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY BILL WILLIAMS 2850 UNITY LANE TALLAHASSEE FL 32303 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT EUGENE MURPHY 1102 MARION ST TALLAHASSEE FL 32304 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY KATRINA WEATHERS POON 2109 D SANDCASTLE DR TALLAHASSEE FL 32308 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | DATE 4/26/04 | | DAYTIME PHONE # 850-922-1454 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |