


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90137 001 ****61.25

DOCUMENT # N03000005808 1. Entity Name TALLAHASSEE EQUALITY ACTION MINISTRY INC.					
Principal Place of Business 912 MICCOSUKEE RD TALLAHASSEE, FL 32308 US			Mailing Address P.O. BOX 5923 TALLHASSEE, FL 32314 US		
2. Principal Place of Business 345 S. Magnolia Suite, Apt. #, etc. E-11		3. Mailing Address Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State		4. FEI Number 59-3639170	
Zip 32301		Country USA		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLER, LAURA R. 2557 NOBLE DRIVE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
SIGNATURE <u>Laura R Keller</u>			DATE <u>6/29/06</u>		
Filing Fee is \$61.25 Due by September 6, 2006			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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-P LELAND, JACK 333 AUSLEY ROAD TALLAHASSEE, FL 32316		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-P MOORE, WALTER 8551 MAHAN DRIVE TALLAHASSEE, FL 32309		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, BILL 2850 UNITY LANE TALLAHASSEE, FL 32303		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, JOHN 3426 CRAWFORDVILLE ROAD TALLAHASSEE, FL 32310		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLER, LAURA 2557 NOBLE DRIVE TALLAHASSEE, FL 32308		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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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: <u>John BAKER</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>7/11/06</u> Daytime Phone # <u>850-251-4395</u>					