

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005808

FILED  
Mar 24, 2008  
Secretary of State

**Entity Name:** TALLAHASSEE EQUALITY ACTION MINISTRY INC.

**Current Principal Place of Business:**

1331 E. LAFAYETTE STREET  
A  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5923  
TALLHASSEE, FL 32314 US

**New Mailing Address:**

**FEI Number:** 59-3639170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLER, LAURA R.  
2557 NOBLE DRIVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CO-P ( ) Delete  
Name: HOBBS, WILBERT REV.  
Address: CHAIRES RD.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: CO-P ( ) Delete  
Name: ROMBERG, JACK RABBI  
Address: 2215 MAHAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TR ( ) Delete  
Name: BORLAND, TOM  
Address: 2200 MERIDIAN RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete  
Name: CAMPBELL-EVANS, CLARKE REV.  
Address: 1700 N. MERIDIAN RD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: WALKER, LINDA  
Address: 3426 CRAWFORDVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32310

Title: S (X) Delete  
Name: SMITH, GLORIA  
Address: 4665 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGIE CONELY, ORGANIZER

LEAD

03/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date