

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003223

FILED
Jan 10, 2007
Secretary of State

Entity Name: TALLAHASSEE MINISTRIES, INC.

Current Principal Place of Business:

1927 VINELAND LANE
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

1927 VINELAND LANE
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-0887538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOWERS, ALISON
1927 VINELAND LN
TALLAHASSEE, FL 32317 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: PD () Delete
Name: STOWERS, KRIS
Address: 1927 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD () Delete
Name: WINSHIP, KEVIN M
Address: 1927 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD () Delete
Name: WINSHIP, KEITH
Address: 6656 TIM TAM TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: WHITNEY, PAUL R
Address: 1375 CONSERVANCY DR. E.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: WINSHIP, KEVIN M
Address: 1698 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

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 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: KRIS STOWERS

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date