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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04007

1. Corporation Name

PAUL RUSSELL ROAD CHURCH OF CHRIST, INC.

Principal Place of Business

**916 PAUL RUSSELL RD.
TALLAHASSEE FL 32301**

Mailing Address

**916 PAUL RUSSELL RD.
TALLAHASSEE FL 32301**



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3214988
City & State 23	City & State 28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**DANIELS, JAMES L
916 PAUL RUSSELL RD.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RAYMOND JR.	1.2 NAME	
STREET ADDRESS	3014 KEVIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	1.4 CITY-ST-ZIP	
TITLE	VCD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ALBERT JR.	2.2 NAME	
STREET ADDRESS	1404 BALBOA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DAMON SR.	3.2 NAME	
STREET ADDRESS	2202 WOODBINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, JAMES E	4.2 NAME	
STREET ADDRESS	408 DUPONT AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CONOLY, JAMES L	5.2 NAME	
STREET ADDRESS	6008 BUCKLAKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)