

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90009 034 \*\*\*\*70.00

**DOCUMENT # N04239**

1. Entity Name  
**TALLAHASSEE BIBLE CHURCH, INC.**



Principal Place of Business  
**4830 BRADFORDVILLE ROAD  
TALLAHASSEE, FL 32309 US**

Mailing Address  
**PO BOX ~~3881~~ 15882  
TALLAHASSEE, FL ~~32315~~ US  
32317-5882**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-2484514**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32317-5882**

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCARDLE, J. RONALD  
1011 TIMBER RUN  
HAVANA, FL 32333**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$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 **D** ☒ Delete  
NAME **RALLEY, MIKE**  
STREET ADDRESS **3215 HORSESHOE TRAIL**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **C** ☐ Change ☒ Addition  
NAME **Jamey Wise**  
STREET ADDRESS **3131 Corrib Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **VD** ☐ Delete  
NAME **PROCTOR, RALPH**  
STREET ADDRESS **1039 BAUM RD.**  
CITY-ST-ZIP **TALLAHASSEE, FL 31317**

TITLE **VC** ☒ Change ☐ Addition  
NAME **Proctor, Ralph**  
STREET ADDRESS **1039 Baum Rd**  
CITY-ST-ZIP **Tallahassee, FL 32317**

TITLE **PD** ☐ Delete  
NAME **MCCARDLE, J. RONALD**  
STREET ADDRESS **1011 TIMBER RUN**  
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE **--** ☐ Change ☐ Addition  
NAME **--**  
STREET ADDRESS **--**  
CITY-ST-ZIP **--**

TITLE **SD** ☒ Delete  
NAME **HODGES, STEPHEN**  
STREET ADDRESS **4028 DESOTO FARM RD.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **S** ☐ Change ☒ Addition  
NAME **Ryan Brymer**  
STREET ADDRESS **3034 Cumming Ave.**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **D** ☐ Delete  
NAME **CUMMINGS, FURMAN**  
STREET ADDRESS **2035 DYREHAVEN DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **D** ☒ Change ☐ Addition  
NAME **Cummings, Furman**  
STREET ADDRESS **8116 Carrington Forrest Blvd.**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **TD** ☐ Delete  
NAME **GRAVES, TERRY**  
STREET ADDRESS **2274 COBB DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **T** ☒ Change ☐ Addition  
NAME **Graves, Terry**  
STREET ADDRESS **4229 Summertree Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32311**

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

*Jamey Wise*

3/31/08