

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001087

FILED
May 01, 2007
Secretary of State

Entity Name: COFFEEHOUSE MINISTRIES OF TALLAHASSEE, INC.

Current Principal Place of Business:

C/O KILLEARN UNITED METHODIST CHURCH
2800 SHAMROCK STREET S
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

C/O KILLEARN UNITED METHODIST CHURCH
2800 SHAMROCK STREET S
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-4590963 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TISHLER, KEITH
2145 DELTA BLVD.
SUITE 200
TALLAHASSEE, FL 32303 US

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: M () Delete
Name: CROSBY, JAMES W
Address: 3285 THOREAU AVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: M () Delete
Name: CROSBY, SUSETTE
Address: 3285 THOREAU AVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: C () Delete
Name: DIVINE, JAMES A
Address: 2813 CAVAN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: C () Delete
Name: ASHBY, GREEN
Address: 1405 BETTON ROAD
City-St-Zip: TALLAHASSEE, FL 323080707

Title: T () Delete
Name: LUGER, FRED C
Address: 701 LOTHIAN DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: M () Delete
Name: PALMER, STEVEN L
Address: 210 LIVE OAK LN
City-St-Zip: HAVANA, FL 323331217

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: JAMES DIVINE

C

05/01/2007

Electronic Signature of Signing Officer or Director

Date