

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N06000004743	
1. Entity Name TALBOT CHAPEL AME ZION CHURCH, INC.	

Principal Place of Business 425 N REUS ST PENSACOLA FL 32501	Mailing Address P O BOX 448 PENSACOLA FL 32591
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-0371490	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BASS, NATHAN 1440 GERMAIN ST PENSACOLA FL 32534

7. Name and Address of New Registered Agent	
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.

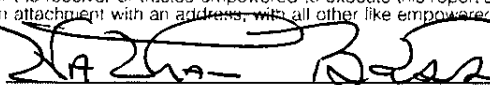
SIGNATURE _____	Signature, typed or printed name of registered agent and title, if applicable	(NOTE: Registered Agent signature is not required when re-registering)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P JACOBS, LESTER A 421 N REUS ST PENSACOLA FL 32501 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BASS, NATHAN 1440 GERMAIN ST PENSACOLA FL 32534 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP JONES, HORACE 3515 SCENIC HWY PENSACOLA FL 32504 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LONGMIRE, MAGGIE 3241 TORRES AVE PENSACOLA FL 32503 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MCGEACHY, ANNIE 4412 COPPERWOOD PL PACE FL 32571 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 0000000881978 04/03/08-80030-019 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/6/08**