## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N07000007826 CHRIST THE SOLID ROCK BAPTIST CHURCH OF TALLAHASSEE, INC. 08 JUN 25 AM 11: 49 SECRETARY OF STAIL Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 6504 NORTH MERIDIAN ROAD 6504 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05152008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 26-6715 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOUTZ, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 6504 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32303 City Zip Code FL 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, typeo or printed name of registered agent and little (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Detete TITLE ☐ Change THTLE NAME FOUTZ, WILLIAM F 6504 NORTH MERIDIAN ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE Harris, willie Rev. NAME 2009 Warmick St STREET ADDRESS STREET ADDRESS Tailahussee, FL 32-310 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete EITSE Change ☐ Addition NAME STHEET ADDRESS STREET ADDRESS Tallahassee, 17L 32304 CITY-ST-ZIP CHY-SI-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition B Settles, tolanda NAME 405 mercury Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tallahassee, FL 32305 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition Jeanette NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY+ST-7IP 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 record, 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 point all other like empowered. SIGNATURE: