

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N13766 (3)

1. Corporation Name

TALLAHASSEE CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.

Principal Place of Business

1307 PULLEN ROAD
TALLAHASSEE FL 32303

Mailing Address

RT. 4 BOX 386-B
TALLAHASSEE FL 32304



3. Date Incorporated or Qualified

03/16/1986

3a. Date of Last Report

04/07/1995

4. FEI Number

59-1700916

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

HOWE, MILICENT K.
RT. 4 BOX 386-B
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name Henry B. Howe

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

RT 4 Box 386-B N/A

83

84 City Tallahassee

FL

85 Zip Code 32304

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

Henry B. Howe HENRY B. HOWE PRESIDENT

2/20/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOWE, MILLY	
STREET ADDRESS	RT. 4 BOX 386-B	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, THOMAS F.	
STREET ADDRESS	P. O. BOX 1078 N/A	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSELLS, EUGENE T	
STREET ADDRESS	ROUTE 2 BOX 491-A N/A	
CITY - ST - ZIP	HAVANA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCGEE, DONNA (MRS.)	
STREET ADDRESS	1410 FREDERICK DR.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWE, HENRY B.	
STREET ADDRESS	RT. 4, BOX 386-B	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500001808795
2.3 STREET ADDRESS	-05/06/96--01029--025
2.4 CITY - ST - ZIP	***61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DTC
5.3 STREET ADDRESS	HOWE, HENRY B
5.4 CITY - ST - ZIP	RT. 4 BOX 386-B N/A
6.1 TITLE	TALLAHASSEE, FL 32304
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Henry B. Howe HENRY B. HOWE

2/20/96

576-5790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)