## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 OCHRAENT 4

1. Corporatio	NIENI# NIO/O	( <i>3</i> )			
TALLAHASSEE CHRISTIAN CHURCH (DISCIPLES OF CHRIS T), INC.					H 21811 81811 81811 81811 81811 8881
Principal Place of Business Mailing Address			<del></del>		II OLEH BIBIY BIBIK BIBIK BIBIK 1901
1307 PULLEN ROAD TALLAHASSEE FL 32303		RT. 4 BOX 386-B TALLAHASSEE FL 32304		3. Date incorporated or Qualified  03/16/1986  4. FEI Number	
				59-1700916	Applied For Not Applicable
2. Principal P	lace of Business	26. Mailing Address 26. 350 BVA	IKS LANE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	e	City & State	ASCE EL	7. Is this nonprofit corporation a homeov	vners association?
<b>23</b> Zip	Country	Zip	ASSEE FL Country	8. This corporation owes or has paid the	
24	25	29 32304	30 LEON	Personal Property Tax due June 30.	Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
HOWE, HENRY B.    B1   Name   Henry B					
RT. 4 BOX 386-B				SO BURKS LANE	
TALLAH	ASSEE FL 32304		83	:	
			84 City		<b>85</b> Zip Code
44 D	4- th	20 and 647 4500 Florida Phot	1 7 /	AWAHASSEE	*L   「32,304°
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 .	Signature, typed or printed name of registered age	and and time if applicable (A)	OTE: Registered Agent signature rec	ouked when reinstating) DA1	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	_
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASSELS, EUGENE T		1.2 NAME		
STREET ADDRESS	ROUTE 2 BOX 491-A N/A		1.3 STREET ADDRESS		
CITY+ST-ZIP	HAVANA FL		1.4 CITY - ST - ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		Change Addition
NAME.	MCGEE, DONNA (MRS.)		2.2 NAME		
STREET ADDRESS	1410 FREDERICK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP		
TITLE	DTC	☐ DELETE	1	07c	Change Addition
NAME	HOWE, HENRY B.		3.2 NAME	lowe, HENRY B. 308 BURKS LANE	
STREET ADDRESS	RT. 4, BOX 386-B N/A		3.3 STREET ADDRESS	308 BURKS LANE	
CITY - ST - ZIP	TALLAHASSEE FL			PALLAHASSEE, FL 32304	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP		11 22.00	4.4 CITY-ST-ZIP		Observe T 4 direction
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NALUE			& O MAME		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

DELETE

850-576-5790

☐ Change

Addition

**FILED** 

Apr 16 1998 8:00am

Secretary of State