

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90011 033 ***61.25

DOCUMENT # N21094

1. Entity Name
NEW LIFE BAPTIST CHURCH OF TALLAHASSEE, INC.



Principal Place of Business
**3625 WOODVILLE HIGHWAY
TALLAHASSEE, FL 32311-7269**

Mailing Address
**3625 WOODVILLE HIGHWAY
TALLAHASSEE, FL 32311-7269**

44049968



2. Principal Place of Business

3. Mailing Address

05042004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1209340

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOSFORD, KENNETH L
210 OFFICE PLAZA
TALLAHASSEE, FL 32301**

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 required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCCAMMON, SHIRLEY
4 OLD WOODVILLE ROAD
CRAWFORDVILLE, FL 32327** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DYER, JODY
315 REHWINKLE DRIVE
TALLAHASSEE, FL 32304** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TP
MCCAMMON, JAMES
4 OLD WOODVILLE ROAD
CRAWFORDVILLE, FL 32327** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DYER, LILA
315 REHWINKLE DR
TALLAHASSEE, FL 32304** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
**TOliver, Jody
1315 Linda Ann Dr
Tallahassee, FL 32301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Cracker, Kelly
3427 Hawk St
Tallahassee, FL 32305** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TP
Clanton, Jack
813-Flagg St
Tallahassee, FL 32305** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Hammons, Ken
635 Plantation Dr
Havana, FL 32333** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:

Jody Oliver - Jody Oliver 7-10-04 414-5736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #