FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N21144

(3)

MORNINGSIDE BAPTIST CHURCH INC. OF TALLAHASSEE, FLORIDA

Principal Place of Business
1560 PEDRICK ROAD

Mailing Address

1560 PEDRICK ROAD TALLAHASSEE FL 32311-9510 1560 PEDRICK ROAD TALLAHASSEE FL 32311-9510



								3. Date incorporated or Qualified 07/12/1987	'	Sa. Da	02/06/1		
Principal Place of Business 2a. Mailing Address								4. FEI Number			A	pptied For	
<u> </u>				26				59-2823744	N	Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired)	Š,	· · · · · ·	Additional Required	
City & State				City & State				Election Campaign Financing Trust Fund Contribution	[*	May Be	
Zip Country Zip					Country			8. This corporation has liability for intangible tax under s. 199.032,					
4 25 29								Florida Statutes		Yes 🙀			
24 25 29 30							10. Name and Address of New Registered Agent						
	· · ·					81	Name						
HOLLEY, ROBERT D.						82	Street Address (P.O. Box Number is Not Acceptable)						
1560 PEDRICK ROAD						92	Street Address (P.O. Box Mulriber is not Acceptable)						
TALLAHASSEE FL 32301						83							
INLLATIAGOCE FL 32001												<u> </u>	
						84	City			Fi.	65 Zip	Code	
11 Durawast	to the provisions	of Sections 617 0509	and 61	7 1508 Florida Statute	as the abo	ve-r	amed cor	rooration submits this statement for the r	ourpos		anging its re	gistered office	
or registe	ered agent, or bot	h, in the State of Florid	a. Suci	h change was authorize	ed by the o	orp	oration's t	rporation submits this statement for the popular of directors. I hereby accept the ap	pointr	nent as	registered	agent. I am	
familiar w	vith, and accept ti	ne obligations of, Section	xn 617	.0503, Florida Statutes	•								
SIGNATURE				410	TE: Decistored	A		quired when reinstating)		DATE			
12.							r schramma ier	ADDITIONS/CHANGES TO C	FFICE		DIRECTO	RS IN 12	
TITLE	T D	OI TIOLITO AIND	DINE	DELETE	13.	T) F					Change	Addition	
	LEE, JIM			Jan Sand	1.2 N		1	DIRECTOR RUSSELL HURST		,	_	_	
NAME		RIN DRIVE					ADDRESS	2034 TAYLOR ROAD					
STREET ADDRESS		SSEE FL 32308						2034 INTERIOR	2 ^ 4	ΛØ			
CITY-ST-ZIP	D	DOEE FL SESUO		DELETE			T-ZIP	TALLAHASSES, FL.	9 اجد	<u> </u>	Change	Addition	
TITLE	, -	IEV DAD					ODKI	MIKE CASEY	3 16			,) to	
NAME	JAVA OIDOLE DO				2.2 NAME		ADDDCCC	1470 HIGHLAND DA	n Af	ţ	•	.,	
STREET ADDRESS	TALLALIA COFF FL				2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			TALLA HASSEE, FL	323	30 B			
CITY-ST-ZIP		SEE FL		DELETE	2. 4 C		ST-ZIP				Change	Addition	
TITLE	D	AM		DECETE			l	DIRECTOR			onange	M radion	
NAME	ANAL ORFENHANIT ANENUE					AME		ELSIE THOMPSON	th	0			
STREET ADDRESS 8241 GREENMONT AVENUE TALLAHASSEE FL 32311					3.3 STREET ADDRESS			3201 NICCOSUREE	HØ1.	2 2 2 2 2	ø		
CITY-ST-ZIP		SSEE PL 32311		Derita	_	_	ST-ZIP	TALLH HASSEL, FL	.24	<u> 4.30,</u>	Change	☐ Addition	
TITLE	D			DELETE	4.1 TI						Circulate	L_ Addition	
NAME	WILSON,				4.21								
STREET ADDRESS		TERGREEN RD.					ADDRESS						
CITY-ST-ZIP	TALLAHAS	SSEE FL		E Accierc			T-ZIP				Change	Addition	
TITLE	D	A		DELETE	5.1 T						□ rusuña	M VOOLINII	
NAME	HENRY, L				5.2 N								
STREET ADDRESS		FFERSON ST.					ADDRESS						
CITY-ST-ZIP							37-ZIP					[T] 4 (198)	
TITLE				DELETE	61 T	TLE	ļ				Change	■ Addition	
NAME					6.2 N	AME	1						
STREET ADDRESS	3				6.3 S	TREET	ADDRESS						
CITY-ST-ZIP					6.4 C	<u> </u>	ST-ZIP						
14. 1 do here	eby certify that the	e information supplied v	vith thi	s filing is voluntarily furr	nished and	doe	s not qua	alify for the exemption stated in Section 1	19.07(3)(k), FI	orida Statut	es. I further	

4. 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 furnier 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: A

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.96 8774796 Date Prone 1 CR2E037 (12/95