

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90036 047 ****61.25

DOCUMENT # N21144

1. Entity Name

MORNINGSIDE BAPTIST CHURCH INC. OF TALLAHASSEE,

Principal Place of Business

Mailing Address

1560 PEDRICK ROAD TALLAHASSEE FL 32311-9510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2823744

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

COOK, JOHN
1560 PEDRICK ROAD
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.

SIGNATURE

John Cook

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **SCHUERMAN, PHYLLIS**
 STREET ADDRESS **8671 BUCKLAKE ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
 NAME **TEHAN, JUDY**
 STREET ADDRESS **2024 PLANTATION FOREST RD**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
 NAME **KIRKLAND, PHYLLIS**
 STREET ADDRESS **1922 VINELAND LANE**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☒ Delete
 NAME **THOMPSON, ELSIE**
 STREET ADDRESS **3201 MICCOSUKEE RD APT 613**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
 NAME **[Faded]**
 STREET ADDRESS **[Faded]**
 CITY-ST-ZIP **[Faded]**

TITLE ☐ Delete
 NAME **[Faded]**
 STREET ADDRESS **[Faded]**
 CITY-ST-ZIP **[Faded]**

TITLE **D** ☐ Change ☒ Addition
 NAME **Raymond Yates**
 STREET ADDRESS **1560 N. ALSHIRE CT**
 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **D** ☐ Change ☒ Addition
 NAME **Cathie Piland**
 STREET ADDRESS **575 Groveland Hills Dr**
 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **D** ☐ Change ☒ Addition
 NAME **Ruth Key**
 STREET ADDRESS **3137 Lookout Trail**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
 NAME **[Faded]**
 STREET ADDRESS **[Faded]**
 CITY-ST-ZIP **[Faded]**

TITLE ☐ Change ☐ Addition
 NAME **[Faded]**
 STREET ADDRESS **[Faded]**
 CITY-ST-ZIP **[Faded]**

TITLE ☐ Change ☐ Addition
 NAME **[Faded]**
 STREET ADDRESS **[Faded]**
 CITY-ST-ZIP **[Faded]**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01 (850) 878-3394

Date

Daytime Phone #

CR2E037 (10/00)