


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90080 041 \*\*\*\*61.25

<b>DOCUMENT # N21144</b>					
1. Entity Name <b>MORNINGSIDE BAPTIST CHURCH INC. OF TALLAHASSEE, FLORIDA</b>					
Principal Place of Business <b>1560 PEDRICK ROAD TALLAHASSEE FL 32317</b>			Mailing Address <b>1560 PEDRICK ROAD TALLAHASSEE FL 32317</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent <b>GILLILANO, BRIAN 1560 PEDRICK ROAD TALLAHASSEE FL 32317</b>				7. Name and Address of New Registered Agent Name <b>Brian Gilliland</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TEHAN, JUDY <input checked="" type="checkbox"/> Delete		TITLE	D Mike Money <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3024 PLANTATION FOREST RD		NAME	5547 Pedrick Plantation Circle	
STREET ADDRESS	TALLAHASSEE FL 32317		STREET ADDRESS	Tallahassee, FL 32317	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MICKEY, CULLEN <input checked="" type="checkbox"/> Delete		TITLE	D Don Stallings <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1007 GREEN HILL TRAKE		NAME	11797 FOX Meadow Lane	
STREET ADDRESS	TALLAHASSEE FL 32317		STREET ADDRESS	Tallahassee, FL 32317	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D EUBANK, RAY <input checked="" type="checkbox"/> Delete		TITLE	D Judy Barnes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	6532 MAN-O-WAR TRAILO		NAME	669 Litchfield Court	
STREET ADDRESS	TALLAHASSEE FL 32309		STREET ADDRESS	Tallahassee, FL 32312	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	D Eunice Bragg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	1617 Kuhlacre Drive	
STREET ADDRESS			STREET ADDRESS	Tallahassee, FL 32308	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	D Wayland ELAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	1969 Charlais Street	
STREET ADDRESS			STREET ADDRESS	Tallahassee, FL 32317	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	