

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N21144**

1. Entity Name

**MORNINGSIDE BAPTIST CHURCH INC. OF  
TALLAHASSEE, FLORIDA**



Principal Place of Business

Mailing Address

**1560 PEDRICK ROAD  
TALLAHASSEE FL 32317**

**1560 PEDRICK ROAD  
TALLAHASSEE FL 32317**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**GILLILAND, BRIAN  
1560 PEDRICK ROAD  
TALLAHASSEE FL 32317**

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 if not applicable

(NOTE: Registered Agent signature is required when reappointing)

DATE

**FILE NOW FEE IS \$61.25  
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **MONEY, MIKE**  
STREET ADDRESS **5547 PEDRICK PLANTATION CIR**  
CITY-STATE-ZIP **TALLAHASSEE FL 32317**

TITLE ☐ Change ☐ Addition  
NAME **UD00000855530**  
STREET ADDRESS **03/27/08-80053-019 61.25**  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME **BARNES, JUDY**  
STREET ADDRESS **669 LITEHFIELD CT.**  
CITY-STATE-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete  
NAME **BRAGG, EUNICE**  
STREET ADDRESS **1617 KUHLACRE DRIVE**  
CITY-STATE-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete  
NAME **PERKINS, MIKE**  
STREET ADDRESS **1266 SMOKERISE LANE**  
CITY-STATE-ZIP **TALLAHASSEE FL 32317**

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

TITLE ☐ Delete  
NAME **CLARK, DERRELL**  
STREET ADDRESS **3277 CITATION TR**  
CITY-STATE-ZIP **TALLAHASSEE FL 32309**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

3.7-08