

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21461

FILED
Feb 08, 2005
Secretary of State

Entity Name: TABERNACLE MISSIONARY BAPTIST CHURCH OF TALLAHASSEE, INC.

Current Principal Place of Business:

615 TUSKEGEE ST.
P.O. BOX 5982
TALLAHASSEE, FL 32314

New Principal Place of Business:

Current Mailing Address:

615 TUSKEGEE ST.
P.O. BOX 5982
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-2138602 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WADE, GLEN
1408 MAUDE ST.
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WADE, GLEN
Address: 1408 MAUDE ST.
City-St-Zip: TALLAHASSEE, FL 32310

Title: CT () Delete
Name: HILL, BENNY
Address: 422 DUPONT DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: BASS, KENNETH T.,
Address: 2719 SILVER LAKE DR.
City-St-Zip: TALLAHASSEE, FL

Title: T () Delete
Name: COLLINS, LEROY,
Address: 1106 BOB WHITE DR.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: GUY, EVERETT,
Address: 806 BRENT DR.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: LACOUNT, HARVEY SR
Address: 401 GAITHER DR.
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN WADE

CD

02/08/2005

Electronic Signature of Signing Officer or Director

Date