

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36663** (5)
1. Corporation Name
NORTHEAST CHRISTIAN CHURCH OF TALLAHASSEE, INC.



Principal Place of Business 4738 THOMASVILLE RD TALLAHASSEE FL 32308 US	Mailing Address 4738 THOMASVILLE RD TALLAHASSEE FL 32308-2526 US
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3. Date incorporated or Qualified 02/16/1990	3a. Date of Last Report 05/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2990815	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SALAK, BETH 5405 DEFOORS FERRY ROAD TALLAHASSEE FL 32308	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUPTLI, BARBARA	1.2 NAME	
STREET ADDRESS	2520 ARTHURS COUNTRY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEDER, WILLIAM	2.2 NAME	
STREET ADDRESS	5496 CYPRESS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BETH	3.2 NAME	Miller, Beth
STREET ADDRESS	RT 3 BOX 623	3.3 STREET ADDRESS	9862 Kehai Drive
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAK, BETH	4.2 NAME	
STREET ADDRESS	5405 DEFOORS FERRY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: **Beth Salak** **4/29/97** **413-6408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007808

CR2E037 (9/96)