

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90152 005 ****61.25

DOCUMENT # N36663

1. Entity Name

NORTHEAST CHRISTIAN CHURCH OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

4738 THOMASVILLE RD
TALLAHASSEE FL 32308
US

4738 THOMASVILLE RD
TALLAHASSEE FL 32308
US

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

59-2990815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GALAK, BETH~~
~~5405 DEFOORS FERRY ROAD~~
~~TALLAHASSEE FL 32308~~

Name
Wanda Mudd
Street Address (P.O. Box Number is Not Acceptable)
261 Quail Ridge
Havana, FL
City FL Zip Code 32333

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

Wanda Mudd
(NOTE: Registered Agent signature required when reinstating)

4/14/02
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 ☐ Delete
NAME D
STREET ADDRESS ALDRIDGE, ALEX
CITY-ST-ZIP 105 LONGWOOD DRIVE
THOMASVILLE GA 31757

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

TITLE ☒ Delete
NAME D
STREET ADDRESS FUSSELL, MARY SUE
CITY-ST-ZIP 6476 CALVALADE TRAIL
TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Keith Mudd
CITY-ST-ZIP 1784 Dax Ct.
Tallahassee, FL 32308

TITLE ☐ Delete
NAME D
STREET ADDRESS MILLER, BETH
CITY-ST-ZIP 9862 KEHA DRIVE
TALLAHASSEE FL

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

TITLE ☒ Delete
NAME S
STREET ADDRESS GALAK, BETH
CITY-ST-ZIP 5405 DEFOORS FERRY ROAD
TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS Wanda Mudd
CITY-ST-ZIP 261 Quail Ridge
Havana, FL 32333

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED Wanda Mudd Wanda Mudd 4/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)