

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43447** (4)

1. Corporation Name

**GREATER BLESSINGS CHURCH OF GOD IN CHRIST, INC.,
OF TALLAHASSEE**

Principal Place of Business

**4250 PLEASANT DRIVE
TALLAHASSEE FL 32303**

Mailing Address

**4250 PLEASANT DRIVE
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

05/16/1991

3a. Date of Last Report

09/13/1995

4. FEI Number

59-3096019

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**STALLWORTH, STELLA M.
4250 PLEASANT DRIVE
TALLAHASSEE FL 32303**

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

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

Stella M. Stallworth

(NOTE: Registered Agent signature required when reappointing)

Stella M. Stallworth

DATE

8-7-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **STALLWORTH, STELLA M.**
CITY-ST-ZIP **4250 PLEASANT DRIVE
TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **JOSEPH D. FRANKLIN III**
STREET ADDRESS **1407 WEKEWA NENE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE
NAME **JEFFERSON ERNESTINE**
STREET ADDRESS **3535 ROBERTS AVE-LOT 176**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **100001917771**
1.3 STREET ADDRESS **108/03/95-01025-005**
1.4 CITY-ST-ZIP *****\$70.00 ***\$70.00**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **Clara Scurry**
3.4 CITY-ST-ZIP **1747-Apt. 1423 Capital Circle
Tallahassee, Fl. 32308**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Stella M. Stallworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)