

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90046 004 ****61.25

DOCUMENT # N96000000270

1. Entity Name

THE UNITED CHURCH IN TALLAHASSEE, UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

1834 MAHAN DRIVE
TALLAHASSEE FL 32308

1834 MAHAN DRIVE
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2773343

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILFORD, BILL
8397 OLDE POST RD
TALLAHASSEE FL 32311**

Name

Gail Dixon

Street Address (P.O. Box Number is Not Acceptable)

2427 Basswood Ln

City

Tallahassee

FL

Zip Code
32308

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 *Gail Dixon*

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

(NOTE: Registered Agent signature required when reinstating)

1-13-02

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 **CLAPP, STEPHANIE**
STREET ADDRESS **6728 LAYTON COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **AVERY, CAROL**
STREET ADDRESS **8808 GRIECH OAK DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME **Landis, Ann**
STREET ADDRESS **2116 Deerfield Dr**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE Delete
NAME **WINDHAM, PATRICIA**
STREET ADDRESS **12164 WHITEHOUSE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

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: *Patricia Windham* **REQUIRED** *Patricia Windham* *1-13-02* *850-488-0555*

CR2E037 (9/01)