

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90059 030 \*\*\*\*61.25

**DOCUMENT # N9600000270**  
1. Entity Name  
**THE UNITED CHURCH IN TALLAHASSEE, UNITED CHURCH OF CHRIST, INC.**



Principal Place of Business: **1834 MAHAN DRIVE TALLAHASSEE FL 32308**  
Mailing Address: **1834 MAHAN DRIVE TALLAHASSEE FL 32308**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E037 (11/03)

4. FEI Number: **59-2773343**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**DIXON, GAIL**  
**2427 BASSWOOD LN**  
**TALLAHASSEE FL 32308**

**7. Name and Address of New Registered Agent**  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	CLAPP, STEPHANIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6728 LAYTON COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE NAME	LANDIS, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2116 DEERFIELD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	COONRADT, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1532 PINE FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	Financial Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CATHY LANNON	
CITY-ST-ZIP	6728 Layton Court Tallahassee, FL 32311	
TITLE NAME	CLERK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Kathy Winn	
CITY-ST-ZIP	1006 Brookwood Drive Tallahassee, FL 32308	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Barbara E. Coonradt, Treasurer* **11/25/04** **488-7607**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #