

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90017 033 ****61.25

DOCUMENT # N96000006559

1. Entity Name
**FAITH EVANGELICAL LUTHERAN CHURCH OF
TALLAHASSEE, INC.**



Principal Place of Business
**2763 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308**

Mailing Address
**2763 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308**

00060859



2. Principal Place of Business

4738 THOMASVILLE RD.

Suite, Apt. #, etc.

3. Mailing Address

4738 THOMASVILLE RD.

Suite, Apt. #, etc.

08082005 Chg-NP CR2E037 (10/03)

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

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

6. Name and Address of Current Registered Agent

**GORTON, JOHN
9 BOB MILLER RD
CRAWFORDVILLE, FL 32327**

7. Name and Address of New Registered Agent

Name **RICHARD A. KALAS**

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

4805-A LEAH CT.

City **TALLAHASSEE**

FL

Zip Code
32303

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

[Signature] **RICHARD A. KALAS - TREASURER** **8/8/05**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 **D** ☐ Delete
NAME **CANTER, TOM**
STREET ADDRESS **4007 CHAIRES CROSS RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **D** ☐ Delete
NAME **FASSETT, CLARK**
STREET ADDRESS **563 FOREST DRIVE NORTH**
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE **D** ☒ Delete
NAME **SILLAN, RANDY**
STREET ADDRESS **3699 CORINTH DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **D** ☒ Delete
NAME **GORTON, JOHN**
STREET ADDRESS **8794 FLICKER RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **RICHARD A. KALAS**
STREET ADDRESS **4805-A LEAH CT.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☒ Change ☐ Addition
NAME **FASSETT, CLARK**
STREET ADDRESS **503 FOREST DR. N.**
CITY-ST-ZIP **HAVANA, FL 32333**

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

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

TITLE ☐ Change ☐ Addition
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] **RICHARD A. KALAS** **8/8/05** **850-562-0976**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #