

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000001068 (2)

1. Corporation Name

GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF TALLAHASSEE, INC.



| | | |
|---|---|---|
| Principal Place of Business POST OFFICE BOX 6137 TALLAHASSEE FL 32314 | Mailing Address POST OFFICE BOX 6137 TALLAHASSEE FL 32314 | 3. Date Incorporated or Qualified 02/25/1997 |
| | | 4. FEI Number 59-3431642 |
| | | Applied For Not Applicable |

| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Zip 24 | Country 25 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A |
| | Zip 29 | Country 30 |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent TEDDER, SUSAN REV. 3707 BOMBADIL COURT TALLAHASSEE FL 32302 | 10. Name and Address of New Registered Agent 81 Name TEDDER, SUSAN REV. 82 Street Address (P.O. Box Number is Not Acceptable) 3201 CONNIE DRIVE 83 84 City TALLAHASSEE FL 85 Zip Code 32311 |
|---|---|

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: *Susan Tedder* Rev. SUSAN TEDDER 08.01.98
 (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | VICE MODERATOR V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | DIANE ALLARD |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 2409 HOME COURT |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | TREASURER T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | CONNIE TESSMER |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1415-A MCCALLIE ROAD |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | SECRETARY S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | IAN LUCAS |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1112 SOUTH MAGNOLIA DRIVE, F106 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | MEMBER AT LARGE TR/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | RICHARD SEWELL |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2999 BAYSHORE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: *Diane D. Allard* DIANE D. ALLARD 08.01.98 (850) 422-6141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)