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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001068

1. Corporation Name

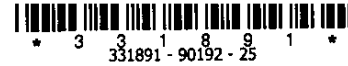
GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF TALLAHASSEE, INC.

Principal Place of Business

POST OFFICE BOX 6137
TALLAHASSEE FL 32314

Mailing Address

POST OFFICE BOX 6137
TALLAHASSEE FL 32314



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/25/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3431642

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

25

Country

29 Zip Country

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEDDER, SUSAN REV.
3201 CONNIE DR
TALLAHASSEE FL 32311

81 Name
THOMAS L. HICKS MD

82 Street Address (P.O. Box Number is Not Acceptable)
2302 ELLICOTT DRIVE

83

84 City
TALLAHASSEE

FL

85 Zip Code
32312

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 *Thomas L. Hicks*

4/11/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VM DELETE
NAME ALLARD, DIANE
STREET ADDRESS 2409 HOME COURT
CITY-ST-ZIP TALLAHASSEE FL 32303

1.1 TITLE VM Change Addition
1.2 NAME MCKINLEY, JON-MARK
1.3 STREET ADDRESS 104 E. WASHINGTON ST. APT. 2-B
1.4 CITY-ST-ZIP QUINCY FL 32351

TITLE TD DELETE
NAME TESSMER, CONNIE
STREET ADDRESS 1415-A MCCAULEY RD
CITY-ST-ZIP TALLAHASSEE FL 32303

2.1 TITLE SD Change Addition
2.2 NAME
2.3 STREET ADDRESS 101 CREST ST.
2.4 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE SD DELETE
NAME LUCAS, IAN
STREET ADDRESS 1112 S MAGNOLIA DR F106
CITY-ST-ZIP TALLAHASSEE FL 32301

3.1 TITLE TD Change Addition
3.2 NAME JEFFREY W. CAGLE
3.3 STREET ADDRESS 501 BLAIR STONE RD. #402
3.4 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE MTRD DELETE
NAME SEWELL, RICHARD
STREET ADDRESS 2999 BAYSHORE
CITY-ST-ZIP TALLAHASSEE FL 32301

4.1 TITLE MTRD Change Addition
4.2 NAME THOMAS L. HICKS MD
4.3 STREET ADDRESS 2302 ELLICOTT DR
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(i), 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, with all other like empowered.

SIGNATURE: *Thomas L. Hicks* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

DATE

921-9370

Daytime Phone #

CR2E037-1198

0008754