2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700001068

1. Entity Name

GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF TALLAHASSEE, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90139 007 ****61.25

Principal Pla									
2810 NORTH MERIDIAN ROAD 14			Mailing Address 1406 HAYS STREET, SUITE TALLAHASSEE FL 32301	4					
2. Principal	Place of Busin	ness	3. Mailing Address		,				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3431642 Applied For				
Zip		Country	Zip	Country		_5_Certificate of Sta	atus Desired	\$8.75 A	
	6. Name	and Address of Current R	egistered Agent	L			ess of New Registere	Fee Requir	ed
			and Agont	Name	7			a Agent _	
LEONAR	D. DAN				rai	31 M. HA	rway		
	L LANE APT	. D		. Street A	ddress (F	O. Box Number is N			
TALLAH	ASSEE FL 3	2308				2. 100	17 //OC		
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				City	alla	lwssee	F		20
8. The above	e named entit	sulsmits this statement for	the purpose of changing its	registered office or	registere	ed agent, or both, in t	he State of Florida. I ar	n familiar with	and accept
the obliga	ations of regist	eree agent.						,	, .
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SIGNATURE		or printed name & legistered agen an	district and the second	''				<u> </u>	
5	orginature, typeo	or printed harne or registered agent an	d title if applicable. (NOTE	: Registered Agent signati	ure required v	when reinstating)	DATE		
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	FILE NOW	: FEE IS \$61.25	9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be		ck Payable	
			ilust Fullu C	ontribution.	. ك	Added to Fees	Florida Depa	irtment of	State
10.		·							
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

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