

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90014 042 ****61.25
 03-22-2000 90011 033 ****61.25

DOCUMENT # N99000003682

1. Entity Name

ANTIOCH BAPTIST CHURCH OF TALLAHASSEE, INC.

R

Principal Place of Business

Mailing Address

5605 GUM ROAD
 TALLAHASSEE FL 32304

5605 GUM ROAD
 TALLAHASSEE FL 32304

2. Principal Place of Business

5605 Gum Rd.

3. Mailing Address

5605 Gum Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee

City & State

FL

4. FEI Number

59 259 7637

Applied For

Not Applicable

Zip

32304

Country

US

Zip

32304

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, ANNETTE
 HC 2 BOX 8174
 TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

Annette McIntosh

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

HC 2 Box 8174

City

Tallahassee

FL

Zip Code

32310

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.

SIGNATURE

Annette McIntosh

8/3/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<i>Trustee</i>	<input type="checkbox"/> Delete
NAME	<i>Margaret Harris</i>	
STREET ADDRESS	<i>550 Teal Lane</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32308</i>	
TITLE	<i>Trustee</i>	<input type="checkbox"/> Delete
NAME	<i>Charles R Mills</i>	
STREET ADDRESS	<i>116 Milton Street</i>	
CITY-ST-ZIP	<i>Quincy, FL 32351</i>	
TITLE	<i>Trustee</i>	<input type="checkbox"/> Delete
NAME	<i>Annette McIntosh</i>	
STREET ADDRESS	<i>HC 2, Box 8174</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32310</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Annette McIntosh, Trustee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/00 Hm 850-576-4546
 wk 850-245-4515

Date

Daytime Phone #

CR2E037 (5/00)