

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700290

**FILED**  
**Jun 11, 2020**  
**Secretary of State**  
**1694315157CC**

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

110 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301-7718

**Current Mailing Address:**

110 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301-7718

**FEI Number:** 59-0651083

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, JIM  
1733 OLD PLANK ROAD  
CRAWFORDVILLE, FL 32327 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title FINANCIAL ADM.  
Name DAVIS, JIM  
Address 110 N ADAMS  
City-State-Zip: TALLAHASSEE FL 32301

Title TRUSTEE  
Name WESTALL, ROD  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE  
Name MEIER, NORMA  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718

Title CHAIRMAN  
Name GUTHRIE, JOHN  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718

Title SECRETARY  
Name HOEKMAN, TIM  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE  
Name MCVETY, PAM  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE  
Name TOMBERLINE, TIP  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE  
Name DOLAN, RICHARD  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JIM DAVIS

**FINANCIAL  
ADMINISTRATOR**

**06/11/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name FIXEL, JOE  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718

Title TRUSTEE  
Name WEISSERT, CAROL  
Address 110 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301-7718