

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700290

**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 TRUSTEE  
Name HOHMEISTER, MATT  
Address 110 N ADAMS  
City-State-Zip: TALLAHASSEE FL 32301

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

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

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

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

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

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

**Continues on page 2**

*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

**CFO**

**04/28/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name JENNINGS, DANIELLE  
Address 110 N ADAMS ST.  
City-State-Zip: TALLAHASSEE FL 32301

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