

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750996

Entity Name: THE 1200 THARPE STREET CHURCH, INC.**Current Principal Place of Business:**1200 W THARPE ST.
TALLAHASSEE, FL 32303**Current Mailing Address:**PO BOX 14835
TALLAHASSEE, FL 32317 US**FEI Number: 59-2110536****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DANIEL, STEPHANIE
4506 BARCLAY LANE
TALLAHASSEE, FL 32309 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	CPA
Name	SHINE, CHERYL A
Address	1752 FOLKSTONE ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	CHILES, LAWTON
Address	12008 MICCOSUKEE RD
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	BENNETT, GERALDINE
Address	8790 MINNOW CREEK DR
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	ELLIS, MICHAEL
Address	4507 RANGEWOOD DR
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	SMITH, EVELYN
Address	2917 BLUEFIELD LN
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	BOGAN, BILL
Address	2651 S HANNON HILL DR
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	HEATHER, HURTHAO
Address	2301 CHESTER CT
City-State-Zip:	TALLAHASSEE FL 32312

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: CHERYL SHINE**CPA****02/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date