

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26185

**Entity Name:** TALLAHASSEE CHRISTIAN COLLEGE AND TRAINING CENTER, INC.

**FILED**  
**May 31, 2018**  
**Secretary of State**  
**CC6757756784**

**Current Principal Place of Business:**

1717 HERMITAGE BLVD., SU 102  
SUITE 102  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1717 HERMITAGE BLVD.,  
SU 102  
TALLAHASSEE, FL 32308 US

**FEI Number: 59-2925284**

**Certificate of Status Desired: No**

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

WILLIAMS, IVEY LREV.  
3076 HAWKS LANDING DRIVE  
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 D  
Name WILLIAMS, IVEY L  
Address 3076 HAWKS LANDING DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name MOORE, EMILY MS.  
Address P. O. BOX 10966  
City-State-Zip: TALLAHASSEE FL 32302

Title DP  
Name ARNETT, JO ANNE  
Address 2102 LAKE FOREST DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title BOARD MEMBER  
Name GRIFFIN, GARY  
Address 856 N. FOREST DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

*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: JO ANNE ARNETT**

**PRESIDENT**

**05/31/2018**

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

\_\_\_\_\_  
Date