

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26185

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**4824559848CC****Entity Name:** TALLAHASSEE CHRISTIAN COLLEGE AND TRAINING CENTER, INC.**Current Principal Place of Business:**1717 HERMITAGE BLVD.  
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	DIRECTOR
Name	ACKER, TODD
Address	162 FISHER CREEK DR.
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	DIRECTOR
Name	MORGAN, JOYCE DR.
Address	926 MILLARD ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	MILLER, RENEE
Address	926 MILLARD ST
City-State-Zip:	CRAWFORDVILLE FL 32327

*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: IVEY WILLIAMS****DIRECTOR****01/27/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date