

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723612 (8)

1. Corporation Name

SABAL PALM BAPTIST CHURCH OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

**SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310**

**SABAL PALM BAPTIST CHURCH
1915 DALE STREET
TALLAHASSEE FL 32310**



3. Date Incorporated or Qualified
06/07/1972

3a. Date of Last Report
05/22/1995

4. FEI Number

59-1450318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKENZIE, ESTHER
7535 - 232 WEST TENNESSEE STREET
TALLAHASSEE FL 32304**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

T
NAME
RAINS, ANGELIA
STREET ADDRESS
1443 CANE ROAD
CITY - ST - ZIP
TALLAHASSEE FL

☐ DELETE

T
NAME
RAINS, SCOTT
STREET ADDRESS
1443 CANE ROAD
CITY - ST - ZIP
TALLAHASSEE FL

☐ DELETE

D
NAME
LAWRENCE, HERSCHEL
STREET ADDRESS
2126 WILLIE VAUSE ROAD
CITY - ST - ZIP
TALLAHASSEE FL

☐ DELETE

D
NAME
FILKINS, DON
STREET ADDRESS
2910 JEWEL DR.
CITY - ST - ZIP
TALLAHASSEE FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Angelia Rains
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96
Date

413-3622
Daytime Phone #

CP2E037 (12/95)