FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91330 004 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723612

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1450318** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAINS, SCOTT 1443 CANE ROAD TALLAHASSEE, FL 32310	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAINS, ANGELIA 1443 CANE RAOD TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAINS, SCOTT 1443 CANE ROAD TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIGAFOO, ROLAND 3260 W. TENNESSEE STREET TALLAHASSEE, FL 32310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dennis L. Coxwell 1203 Richview Rd Tallahassee, Fl 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dennis L. Coxwell 1203 Richview Rd Tallahassee Fl 32501 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Carl Bennett 6034 Redfield Cir Tallahassee, Fl 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Carl Bennett 6034 Redfield Cir Tallahassee, Fl 32311 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Christian D. Vowell 8522 Clear Lake Ln Tallahassee, Fl 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Christian D Vowell 8522 Clear Lake Ln Tallahassee, Fl 32311 ☐ Change ☒ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/03 576-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #