

**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 # **N21461 (1)**  
1. Corporation Name

**TABERNACLE MISSIONARY BAPTIST CHURCH OF TALLAHASSEE, INC.**



Principal Place of Business	Mailing Address
615 TUSKEGEE ST. P.O. BOX 5982 TALLAHASSEE FL 32314	615 TUSKEGEE ST. P.O. BOX 5982 TALLAHASSEE FL 32314

3. Date Incorporated or Qualified <b>07/06/1987</b>	3a. Date of Last Report <b>02/15/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2138602</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

**9. Name and Address of Current Registered Agent**

**FRANKLIN, JOHN  
ROUTE 16 BOX 3060  
TALLAHASSEE FL 32314**

**10. Name and Address of New Registered Agent**

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 16 BOX 3060</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLAMY, FANNIE C.</b>	2.2 NAME	
STREET ADDRESS	<b>1111 WOODLAND DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASS, KENNETH T.</b>	3.2 NAME	
STREET ADDRESS	<b>2719 SILVER LAKE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, LEROY</b>	4.2 NAME	
STREET ADDRESS	<b>1106 BOB WHITE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUY, EVERETT</b>	5.2 NAME	
STREET ADDRESS	<b>806 BRENT DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, AUGUSTA</b>	6.2 NAME	
STREET ADDRESS	<b>1301 BLOSSOM CIRCLE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	6.4 CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John W. Franklin*

March 3, 1996 575-2739  
Date Daytime Phone  
575-8477

CR2E037 (12/95)