

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21461 (1)
1. Corporation Name
TABERNALE MISSIONARY BAPTIST CHURCH OF TALLAHASSEE, INC.



Principal Place of Business 615 TUSKEGEE ST. P.O. BOX 5982 TALLAHASSEE FL 32314	Mailing Address 615 TUSKEGEE ST. P.O. BOX 5982 TALLAHASSEE FL 32314-5982
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3. Date Incorporated or Qualified 07/06/1987	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2138602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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: *John W. Franklin* DATE: **Mar. 25, 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CD	
NAME	FRANKLIN, JOHN	
STREET ADDRESS	ROUTE 16 BOX 3060	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	
NAME	BELLAMY, FANNIE C.	
STREET ADDRESS	1111 WOODLAND DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	
NAME	BASS, KENNETH T.	
STREET ADDRESS	2719 SILVER LAKE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	
NAME	COLLINS, LEROY	
STREET ADDRESS	1106 BOB WHITE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	
NAME	GUY, EVERETT	
STREET ADDRESS	808 BRENT DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	
NAME	YOUNG, AUGUSTA	
STREET ADDRESS	1301 BLOSSOM CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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.

CP2E037 (9/96)