

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 22, 2004  
Secretary of State**

DOCUMENT# N21461

Entity Name: TABERNACLE MISSIONARY BAPTIST CHURCH OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

615 TUSKEGEE ST.  
P.O. BOX 5982  
TALLAHASSEE, FL 32314

**New Principal Place of Business:**

**Current Mailing Address:**

615 TUSKEGEE ST.  
P.O. BOX 5982  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 59-2138602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADE, GLEN  
1408 MAUDE ST.  
TALLAHASSEE, FL 32310      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: WADE, GLEN  
Address: 1408 MAUDE ST.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: CT      ( ) Delete  
Name: HILL, BENNY  
Address: 422 DUPONT DR.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D      ( ) Delete  
Name: BASS, KENNETH T.,  
Address: 2719 SILVER LAKE DR.  
City-St-Zip: TALLAHASSEE, FL

Title: T      ( ) Delete  
Name: COLLINS, LEROY,  
Address: 1106 BOB WHITE DR.  
City-St-Zip: TALLAHASSEE, FL

Title: D      ( ) Delete  
Name: GUY, EVERETT,  
Address: 806 BRENT DR.  
City-St-Zip: TALLAHASSEE, FL

Title: D      ( ) Delete  
Name: LACOUNT, HARVEY SR  
Address: 401 GAITHER DR.  
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GLEN WADE

CD

06/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date