FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:05

DOCUMENT # **721581** **(7)**

SEMINOLE CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.

Principal Place of Business	Mailing Address
DISCIPLES OF CHRIST- INC 10202-131ST ST N SEMINOLE FL 34644-5501	DISCIPLES OF CHRIST- INC 10202-131ST ST N SEMINOLE FL 34644-5501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1971	3a. Date of Last Report 04/06/1994
4. FEI Number 59-1294286	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ROWE, BILLY R.~~ ~~FLORIDA FEDERAL BLDG.~~ ~~ST. PETERSBURG FL 33701~~	81 Name: Pastor J. Richard Joyner 82 Street Address (P.O. Box Number is Not Acceptable): 10202 131 St. Street No. 83 84 City: Seminole, Fl. 85 Zip Code: 34644

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Pastor J. Richard Joyner — Rev. J. Richard Joyner — 4/23/95
(Typed or printed name of registered agent and title if agent is an officer or employee of a corporation) (Signature of registered agent — required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~X~~ D	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, DAVID	12 NAME	
STREET ADDRESS	13209 WHISPERING PALMS PL. #606	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	WAGMAN, MARY	22 NAME	
STREET ADDRESS	9000 COMMODORE DR, #507	23 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, REV R	32 NAME	
STREET ADDRESS	12900 VONN RD, APT. D-203	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GORDON, CECILIA	42 NAME	
STREET ADDRESS	13940 87TH AVENUE NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	44 CITY-ST-ZIP	
TITLE	~~COB~~ D	51 TITLE	☐ Change ☐ Addition
NAME	GORDON, ROBERT	52 NAME	
STREET ADDRESS	13940 87TH NORTH	53 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	JOYNER, JAMES R.	62 NAME	
STREET ADDRESS	10202 131ST STREET NORTH	63 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34644	64 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)(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 fiduciary empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Robert Gordon, COB — 4/23/95 (Date) — 595-9641 (Telephone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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