


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90054 043 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 721581</b>					
1. Corporation Name <b>SEMINOLE CHRISTIAN FELLOWSHIP, INCORPORATED</b>					
Principal Place of Business 10202-131 ST. NORTH SEMINOLE FL 33774-5501 US			Mailing Address 10202-131 ST. NORTH SEMINOLE FL 33774-5501 US		



2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/25/1971	
22 City & State		27 City & State		4. FEI Number 59-1294286	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		30	
9. Name and Address of Current Registered Agent REV. J. RICHARD JOYNER 10202 131ST ST N SEMINOLE FL 33774				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUILLIARD, EARL	1.2 NAME	
STREET ADDRESS	2009-20TH AVE. PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL FRANCES E	2.2 NAME	
STREET ADDRESS	10197 HODSON PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33776	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, REV R	3.2 NAME	
STREET ADDRESS	12900 VONN RD, APT. D-203	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, CECILIA	4.2 NAME	Wagman, Mary
STREET ADDRESS	13940 87TH AVENUE NORTH	4.3 STREET ADDRESS	9000 Commodore Drive #507
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	Seminole, FL 33776
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSIN, ROBERT	5.2 NAME	
STREET ADDRESS	11320 111TH AVE. NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYNER, JAMES R.	6.2 NAME	
STREET ADDRESS	10202 131ST STREET NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

**SIGNATURE:**  **Robin D. Anderson** 1-5-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)