

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90118 030 ****61.25

DOCUMENT # 721581

1. Entity Name

SEMINOLE CHRISTIAN FELLOWSHIP, INCORPORATED



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1294286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REV. J. RICHARD JOYNER
10202 131ST ST N
SEMINOLE FL 33774**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VC** ☐ Delete
NAME **KIRBY, MADELEINE**
STREET ADDRESS **9560 103 RD AVE NORTH**
CITY-ST-ZIP **LARGO FL 33777**

TITLE **F** ☒ Delete
NAME **HILL FRANCES E**
STREET ADDRESS **10197 HODSON PLACE**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** ☐ Delete
NAME **WAGMAN, MARY**
STREET ADDRESS **9000 COMMODORE DR #507**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** ☐ Delete
NAME **GORDON, ROBERT**
STREET ADDRESS **13940 87TH AVENUE N.**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **P** ☐ Delete
NAME **JOYNER, JAMES R.**
STREET ADDRESS **10202 131ST STREET NORTH**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☒ Addition
NAME **Thomas R. Stump**
STREET ADDRESS **9950 Ashley Drive**
CITY-ST-ZIP **Seminole, FL 33772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Change ☒ Addition
NAME **Douglas L. Bolle**
STREET ADDRESS **1919 63rd Avenue North**
CITY-ST-ZIP **St. Petersburg, FL 33702**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. James R. Joyner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. James R. Joyner 4/9/04 727-595-7940
Date Daytime Phone #