2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# 721581

Entity Name: SEMINOLE CHRISTIAN FELLOWSHIP, INCORPORATED

Current Principal Place of Business:

10202-131 ST. NORTH
SEMINOLE, FL 337745501 US

New Principal Place of Business:

Current Mailing Address:

10202-131 ST. NORTH
SEMINOLE, FL 337745501 US

New Mailing Address:

FEI Number: 59-1294286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REV. J. RICHARD JOYNER
10202 131ST ST N
SEMINOLE, FL 33774 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:	C	( ) Delete
Name:	KIRBY, MADELEINE	
Address:	9560 103 RD AVE NORTH	
City-St-Zip:	LARGO, FL 33777	
Title:	T	( ) Delete
Name:	STUMP, THOMAS R	
Address:	9950 ASHLEY DR.	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	MILBY, LINDA	
Address:	12300 VONN ROAD #10103	
City-St-Zip:	LARGO, FL 33774	
Title:	D	( ) Delete
Name:	HILL, CHARLES	
Address:	10197 HODSON PLACE	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	P	( ) Delete
Name:	JOYNER, JAMES R.,	
Address:	10202 131ST STREET NORTH	
City-St-Zip:	SEMINOLE, FL 33774	
Title:	VC	( ) Delete
Name:	WHITE, BEN	
Address:	11604 108TH PLACE NORTH	
City-St-Zip:	LARGO, FL 33778	

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 Chapter 119, 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: THOMAS R. STUMP T 01/15/2007

Electronic Signature of Signing Officer or Director — Date