

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90486 029 ****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**

60006372



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1294286**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VC** ☒ Change ☐ Addition
NAME **Madeleine Kirby**
STREET ADDRESS **9560 - 103 rd Avenue N.**
CITY-ST-ZIP **Seminole, FL 33777**

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

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

TITLE **D** ☒ Delete
NAME **MATCHOK, ROBIN**
STREET ADDRESS **12928 129 AVE NORTH**
CITY-ST-ZIP **LARGO FL 33774**

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

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

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

TITLE **VC** ☐ Delete
NAME **GORDON, ROBERT**
STREET ADDRESS **10202 131ST ST N**
CITY-ST-ZIP **SEMINOLE FL 33774**

TITLE **D** ☒ Change ☐ Addition
NAME **Robert Gordon**
STREET ADDRESS **13940 - 87 th 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Richard Joyner*

RECEIVED REQUIRED

Richard Joyner

01/07/03

727-595-7940

CR2E037 (10/02)