


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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90503 027 ****61.25

DOCUMENT # 721698 1. Entity Name SOUTH SEMINOLE CHURCH OF CHRIST, INC.	
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Principal Place of Business 5410 LAKE HOWELL RD WINTER PARK FL 32792-8097	Mailing Address 5410 LAKE HOWELL RD WINTER PARK FL 32792-8097
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1225792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAHAFFEY, JOHN D AMHERST BLDG 3203 LAWTON RD ORLANDO FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME	CD WILSON, JIMMY H <input type="checkbox"/> Delete
STREET ADDRESS	1626 CARILLON PARK DR
CITY-ST-ZIP	OVIDO FL 32765
TITLE NAME	SD FULTON, NORMAN <input type="checkbox"/> Delete
STREET ADDRESS	1301 LEEWAY DR.
CITY-ST-ZIP	ORLANDO FL 32810
TITLE NAME	TD MATTHEWS, JOE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1136 KERWOOD CIRCLE
CITY-ST-ZIP	OVIDO FL 32765
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dickinson, Guy
STREET ADDRESS	350 S. Triplet Lake DR
CITY-ST-ZIP	Casselberry FL 32707
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jimmy H Wilson, CHAIRMAN Date: 4/4/04 Daytime Phone #: 407-6570657