


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90018 043 ****61.25

DOCUMENT # 721698

1. Entity Name
SOUTH SEMINOLE CHURCH OF CHRIST, INC.



Principal Place of Business
**5410 LAKE HOWELL RD
 WINTER PARK, FL 32792-8097**

Mailing Address
**5410 LAKE HOWELL RD
 WINTER PARK, FL 32792-8097**

50056908



2. Principal Place of Business
5410 LAKE HOWELL ROAD

3. Mailing Address
5410 LAKE HOWELL ROAD

Suite, Apt. #, etc.

06202005 Chg-NP CR2E037 (10/03)

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

4. FEI Number
59-1225792

Applied For
 Not Applicable

Zip
32792-1097

Country

Zip
32792-1097

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	
MAHAFFEY, JOHN D AMHERST BLDG 3203 LAWTON RD ORLANDO, FL 32803		Name MAHAFFEY JOHN D. Street Address (P.O. Box Number is Not Acceptable) 3113 LAWTON ROAD SUITE 225 City ORLANDO FL Zip Code 32803	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

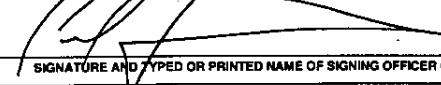
Filing Fee is \$61.25 Due by September 7, 2005

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	CD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILSON, JIMMY H			NAME	FAIRES, CARL		
STREET ADDRESS	1626 CARILLON PARK DR			STREET ADDRESS	2230 EUGENIA COURT		
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	OVIEDO, FL 32765		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTON, NORMAN			NAME	FULTON, NORMAN		
STREET ADDRESS	1301 LEEWAY DR.			STREET ADDRESS	1301 LEEWAY DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32810			CITY-ST-ZIP	ORLANDO, FL 32810		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	SIT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKINSON, GUY			NAME	DICKINSON, GUY		
STREET ADDRESS	350 S. TRIPLET LAKE DRIVE			STREET ADDRESS	350 S. TRIPLET LAKE DRIVE		
CITY-ST-ZIP	CASSELBERRY, FL 32707			CITY-ST-ZIP	CASSELBERRY, FL 32707		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 addressee with all other like empowered.

SIGNATURE:  **CARL FAIRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/18/05** Daytime Phone # **407-671-1163**