

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721698

FILED
Jul 07, 2008
Secretary of State

Entity Name: SOUTH SEMINOLE CHURCH OF CHRIST, INC.

Current Principal Place of Business:

5410 LAKE HOWELL RD
WINTER PARK, FL 327921097

New Principal Place of Business:

Current Mailing Address:

5410 LAKE HOWELL RD
WINTER PARK, FL 327928097

New Mailing Address:

FEI Number: 59-1225792 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAHAFFEY, JOHN D
3113 LAWTON ROAD
SUITE 225
ORLANDO, FL 32803 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: P,CD () Delete
Name: FAIRES, CARL
Address: 2230 EUGENIA COURT
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: CORRELL, JIM
Address: 1920 GREEN MEADOW LANE
City-St-Zip: ORLANDO, FL 32825

Title: STD () Delete
Name: DICKINSON, GUY
Address: 350 S. TRIPLET LAKE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,CD (X) Change () Addition
Name: DICKINSON, GUY
Address: 350 S. TRIPLET LAKE DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: FAIRES, CARL
Address: 2230 EUGENIA CT.
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify 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: CARL FAIRES

Electronic Signature of Signing Officer or Director

PPCD

07/07/2008

Date