### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 726096**

1. Corporation Name

### THE FIRST CHRISTIAN CHURCH OF SEMINOLE, INC.

Principal Place of Business

Mailing Address

# **FILED** Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90028 023 \*\*\*\*61.25

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| 13272 PARK BOULEVARD SEMINOLE FL 34646-0503 SEMINOLE FL 34646-0503 |  |  |                           |                    |  |  |                                   |                        |            |
|--|--|--|---------------------------|--------------------|--|--|-----------------------------------|------------------------|------------|
| 2. Principal P   | lace of Business   | 2a. Mailing Address  |                           |                    |  | 3. Date incorporated or Qualifed             |                                   |                        |            |
| 21   |  | 26   |                           |                    |  | 04/12/1973<br>4- FEI Number                  |                                   |                        |            |
| Suite, Apt.  | #, etc   | Suite, Apt. #, etc.  |                           |                    |  | 1  |                                   |                        | 1          |
| 22   |  | 27   |                           |                    |  |  |                                   | t Applicable           | ┨          |
| City & State   |  | City & State   |                           |                    | 5. Certificate of Status Desired   |  | \$8.75 Additional<br>Fee Required |                        |            |
| Zip  | Country Zip Courtry 29 33776-350330  |  |                           | ry                 | Election Campaign Financing     Trust Fund Contribution                                  |  |                                   |                        |            |
|  | 9. Name and Address of Current   | Registered Agent   | gistered Agent            |                    |  | 10. Name and Address of New Registered Agent |                                   |                        |            |
|  |  |  | 8                         | 1 Name             |  |  |                                   |                        | 1          |
| RHOADES  | , JOHN A JR  |  | 8                         | 2 Street A         | Address (P.O. Box Number is Not Accept   | able)  |                                   |                        |            |
| 5200 CEN   | TERAL AVENUE   |  | 9                         | 3                  |  |  |                                   |                        | ┨          |
| ST PETER   | SBURG FL 33707   |  | ľ                         | ٦                  |  |  |                                   |                        | _          |
|  |  |  |                           | 4 City             |  | FL   | 85 Zip (                          |                        |            |
| office or o  | egistered agent, or both, in the State o<br>m familiar with, and accept the obligati | f Florida. Such change was aut<br>ons of, Section 617.0503, Florid | thorized to<br>da Statute | y the corpo<br>es. | corporation submits this statement for the<br>ration's board of directors. I hereby acce | pt the appoi                                 | changing its<br>ntment as re      | registered<br>gistered |            |
|  |  |  |                           | gent signature re  | equired when reinstating) ADDITIONS/CHANGES TO OF  |  | D DIRECTO                         | RS IN 12               | 1 3        |
| 12.  |  |  |                           | . 1                | ADDITIONS/CHANGES TO OF  | TICERS AI                                    | Change                            | Addition               | ┨;         |
| TITLE  | C  | ☐ DELETE   | 1.1 TITLE                 |                    |  |  | □ Onlange                         |                        | `          |
| NAME   | BRACEWELL, JIM   |  | 1.2 NAM                   |                    |  |  |                                   |                        | 3          |
| STREET ADDRESS   | 7797 132ND WAY NORTH   |  |                           | ET ADDRESS         |  |  |                                   |                        | {          |
| CITY-ST-ZIP  | SEMINOLE FL  |  | 1.4 CITY                  |                    |  |  |                                   | Addition               | ∃ ն        |
| TITLE  | D  | ☐ DELETE   | 2.1 TITL                  | :                  |  |  | ☐ Change                          | Madeout                | '          |
| NAME   | CARAWAY, WILLIAM   |  | 2.2 NAM                   | 1                  |  |  |                                   |                        | 1          |
| STREET ADDRESS   | 7448 133RD ST N  | 2.3 \$1  |                           | ET ADDRESS         |  | ~ <del></del>                                |                                   |                        | .ļ         |
| CITY-ST-ZIP  | SEMINOLE FL 33776  |  | 2.4 CIT                   | -ST-ZIP            | <u>.</u>   |  |                                   |                        | 4          |
| TITLE  | Т  | ☐ DELETE   | 3.1 TITL                  | :                  |  |  | ☐ Change                          | ☐ Addition             |            |
| NAME   | MCKNEELEN, PHYLLIS A   |  | 3.2 NAM                   | ≝                  |  |  |                                   |                        |            |
| STREET ADDRESS   |  |  | 3.3 STR                   | ET ADDRESS         |  |  |                                   |                        |            |
| CITY-ST-ZIP  | SEMINOLE FL  | _  | 3.4. CITY                 | -ST-ZIP            |  |  |                                   |                        | 1          |
| TITLE  | D  | ☐ DELETE   | 4.1 TITL                  | :                  |  |  | Change                            | ☐ Addition             | ' <b>j</b> |
| NAME   | GROSS, RICK  |  | 4. 2 NAA                  | E                  |  |  |                                   |                        |            |
| STREET ADDRESS   | l  |  | 4.3 STRI                  | ET ADDRESS         |  |  |                                   |                        | ŀ          |
| CITY-ST-ZIP  | ST. PETERSBURG FL 33707  |  | 4.4 CITY                  | -ST-ZIP            |  |  |                                   |                        | ╛          |
| TITLE  | DI. I ETERODORO I E GOTO   | ☐ DELETE   | 5.1 TITLE                 |                    |  |  | ☐ Change                          | Addition               |            |
| NAME   | İ  |  | 5.2 NAM                   | £                  |  |  |                                   |                        | ļ          |
| STREET ADDRESS   |  |  | 5.3 STRI                  | ET AODRESS         |  |  |                                   |                        |            |
| C/TY-ST-ZIP  |  |  | 5.4 CITY                  | -ST-ZIP            |  |  |                                   |                        |            |
| TITLE  | <del> </del>   | ☐ DELETE   | 6.1 TITLI                 |                    |  |  | ☐ Change                          | Addition               | 1          |
|  |  |  | 6.2 NAM                   | <sub>E</sub>       |  |  |                                   | <del></del>            | 1          |
| NAME   |  |  |                           | EET ADDRESS )      |  |  |                                   |                        | 1          |
| STREET ADDRESS   |  |  |                           | ET 7ID             |  |  |                                   |                        |            |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: