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03 MAY 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734674			
1. Entity Name SIMMONS CHURCH INC.			
Principal Place of Business 7039 E HWY 318 CITRA, FL 32113		Mailing Address PO BOX 21 ORANGE SPRINGS, FL 32182 US	
2. Principal Place of Business		3. Mailing Address 13250 NE 220th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort McCoy, FL	
Zip	Country	Zip	Country
32134	USA	32134	USA
4. FEI Number 59-2246965		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent HEAD, JESSE E 12300 E. HWY 318 ORANGE SPRINGS, FL 32182		7. Name and Address of New Registered Agent Name Ronald Cecere Street Address (P.O. Box Number is Not Acceptable) 13250 NE 220th Street Fort McCoy City FL Zip 32134	
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 a registered agent.			
SIGNATURE Ronald Cecere		DATE 3/27/03	
SIGNATURE, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature required when changing)	
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 NAME STREET ADDRESS CITY-ST-ZIP	D DOLL, HENRY P. O. BOX 8 ORANGE SPRINGS, FL 32182 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald Cecere 13250 NE 220th Street Fort McCoy FL 32134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PERAINO, JOHN CLEARWATER LAKE ROAD HAWTHORNE, FL 32640 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEAD, JESSE E P.O. BOX 252 ORANGE SPRINGS, FL 32182 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT (PASTOR) Jeff Hanes PO Box 355 Orange Springs, FL 32182 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANSON, GLENDA P.O. BOX 380 ORANGE SPRINGS, FL 32182 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rocky Whitaker 18491 NW 3rd Terrace Citra FL, 32113 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, LAVERNE P.O. BOX 202 CITRA, FL 32113 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Rhinehart 112 Cinnamon Drive Interlachen, FL 32148 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilma NELSON 967 Citra Rd. 21 Hawthorne, FL 32640 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIL GERACI 123 Cherokee Drive INTERLACHEN FL 32148 ☒ Change ☐ Addition
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 517, 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: Ronald Cecere Ronald Cecere 3/27/03-352-546-4419			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR20037 (10/02)

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