NO COF	NOTICE: CORPORATION WILL BY NOR BEFORE 8/7/96: \$61.25 (IF DISS ON PROFIT REPORATION JAL REPORT	FLORIDA DEPAI Sandra I Secreta	AUGUST 7, 1996. IE TO REINSTATE: \$23 RTMENT OF STATE B. Mortham Intry of State CORPORATIONS	16.25.)	
DOCUMENT # N9300001069 (4) SEVEN HILLS COMMUNITY CHURCH, INC.					
Principal Plac 2028 N. POIN TALLAHASSE US		Mailing Address PO BOX 14792 TALLAHASSEE FL 32317	4 792	3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		03/02/1993 4. FEI Number	3a. Date of Last Report 05/01/1995
	NE Capital Circle	26		NOT APPLICABLE	Applied For Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Talls	_e ahassee, FL	City & State	- 1/1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24 32308	Country B 25 USA	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	
	9. Name and Address of Curren		81 Name	10. Name and Address of New Re	Yes K No gistered Agent
ALLEN, ELAINE 6025 REDFIELD CIRCLE TALLAHASSEE FL 32311 83 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				Address (P.O. Box Number is Not Acceptab	FL 85 Zip Code
SIGNATURE _	Signature, typed or printed name of registered ager		E: Registered Agent signature		
12. TITLE NAME STREET ADDRESS	OFFICERS AND T GWARTNEY, DAVID 3202 E. LAKESHORE DR.		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE T Tucker, Darren 2007 Foster Drive	DATE SERS AND DIRECTORS IN 12 Change X Addition
CITY-ST-ZIP TITLE	TALLAHASSEE FL T	X DELETE	1.4 CITY-ST-ZIP 21 TITLE	Tallahassee, FL 32303	
NAME STREET ADDRESS CITY-ST-ZIP	MASSEY, DON 9895 BUCK POINT RD. TALLAHASSEE FL		2 2 NAME 2 3 STREET ADORESS 2. 4 CITY - ST - ZIP	T Serna, Joel A. 5449 Tallapoosa Road Tallahassee, FL 32303	Change X Addition C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SERNA, NEF 4537 BOWFIN DR. TALLAHASSEE FL	L_] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	T Thompson, Michael 1728 Kathryn Drive Tallahassee, FL 32308	Change K Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Allen, Elaine 6025 Redfield Circle Tallahassee, FL 32311	Change k Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.4 City-S1-ZIP 6.1 Title 6.2 NAME 6.3 STREET ADDRESS 6.4 City-S1-ZIP		Change Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this ennual 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 Bleck 13 if changed, or on an attachment with an address. SIGNATURE: Signature Aub Type OR PRINTED NAME OF EXAMIN OF PRINTED NAME OF E					