

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001069 (4)

1. Corporation Name

SEVEN HILLS COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

1841 NE CAPITAL CIRCLE  
TALLAHASSEE FL 32308  
USPO BOX 14792  
TALLAHASSEE FL 32317-47923. Date Incorporated or Qualified  
03/02/19933a. Date of Last Report  
07/10/1996

2. Principal Place of Business

2a. Mailing Address

21 3600 Weems Road

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite H

27 Suite, Apt. #, etc.

City &amp; State

City &amp; State

23 Tallahassee, FL

28 City &amp; State

Zip

Country

24 32311

25 USA

29 Zip

30 Country

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, ELAINE  
6025 REDFIELD CIRCLE  
TALLAHASSEE FL 32311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Tr ☐ DELETE  
NAME TUCKER, DARREN  
STREET ADDRESS 2007 FOSTER DRIVE  
CITY-ST-ZIP TALLAHASSEE FL1.1 TITLE Tr ☐ Change ☒ Addition  
1.2 NAME Nef Serna  
1.3 STREET ADDRESS 4537 Bowfin Drive  
1.4 CITY-ST-ZIP Tallahassee, FL 32303TITLE Tr ☐ DELETE  
NAME SERNA, JOEL A  
STREET ADDRESS 5449 TALLAPOSSA ROAD  
CITY-ST-ZIP TALLAHASSEE FL2.1 TITLE Tr ☐ Change ☒ Addition  
2.2 NAME Paul Baker  
2.3 STREET ADDRESS 445 Stonehouse Road  
2.4 CITY-ST-ZIP Tallahassee, FL 32301TITLE T ☒ DELETE  
NAME THOMPSON, MICHAEL  
STREET ADDRESS 1728 KATHRYN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE Tr ☐ DELETE  
NAME ALLEN, ELAINE  
STREET ADDRESS 6025 REDFIELD CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE: Elaine C. Allen 1/9/97 904/222-4082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904/222-4082

CR2E037 (9/96)