FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

I am an officer or director appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 717281 (0)

SEMINOLE FIRST BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address											
					•						
11045 PARK BOULEVARD SEMINOLE FL 34642			SEMINOLE FL 33772-4749								
							-	3. Date Incorporated or Qualified 10/01/1969	3a. i	Date of Lest P 04/24/19	
2. Principal Pl	ace of Business	2a. 26	Mailing Address					4. FEI Number 59-6045890		 	pplied For ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional lequired
City & State	3	27	City & State					6. Election Campaign Financing			May Be
23		28						Trust Fund Contribution			to Fees
Zip	Country	Zip	Country				This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
24	25 29 30 9. Name and Address of Current Registered Agent			30	1			Florida Statutes			
	<u>, , , , , , , , , , , , , , , , , , , </u>				81	Name				¥	
WILLIAMS, PEGGY					82 Street Addre			s (P.O. Box Number is Not Accep	able)		
	BRD PL N					Ollegi	700103	idiess (F.O. Dox reditiber is red Acceptable)			
SEMINOL	.E FL 34646				83						
					84	City			F	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 61	17.1508, Florida Stati	utes, the a	pove	l e-named	corpor	ation submits this statement for th	purpose	of changing (its registered
office or r agent. I a	to the provisions of Sections 617.05 egistered agent, or both in the Sta m familiar with, and accept the obli	te of Florid gations of	ia. Such-change was , Section 617.0503, F	s authorize Florida Sta	id by tutes	/ the corp s.	poration	i's board of directors. I hereby ac-	ept the ap	pointment as	a registered
SIGNATURE	Deggy	(U).	lleane	,					/-	-17-97)
	Signature, typed or printed name of registered a		if applicable. (NC		d Age	ent signature	required :	when reinstating) ADDITIONS/CHANGES TO OF	DATE	UD DIDECTO	DC IN 12
12. TITLE	ØFFICERS A VD	ND DIREC	DELETE	13, 1.1 Y	ITLE		VD	ADDITIONS/CHANGES TO OF	TUERS A	Change	
NAME	WILLIAMS, JULIA		Dente.	1.2 N				ington, Kate			
STREET ADDRESS	11226 82ND AVE #109; #2	2	1.3 5		1.3 STREET ADDRESS 74		1	Drew Oak Drive			
CITY-ST-ZIP	22 SEMINOLE FL						Semi	Inole, FL 33772			
TITLE	\$D		DELETE	2.1 T	ITLE					☐ Change	Addition
NAME	WEIDNER, FOY MAE			22 N	IAME						
STREET ADDRESS	11053 69TH AV. NO.			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	SEMINOLE FL 34642		T per ett			ST-ZIP	ļ			☐ Change	Addition
TITLE	PT PEOON		DELETE	3.1 T						CI CLISH BE	C.J. Addition
NAME	WILLIAMS, PEGGY 14376 83RD PL N			3.2 N		T ADDRESS					
STREET ADDRESS	SEMINOLE FL					ST-ZIP					
CITY-ST-ZIP TITLE	OCMINOLE I E		DELETE	4.1 7		31-211	-	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME				4.21	NAME						
STREET ADDRESS				4.3 S	TREET	T ADDRESS					
CITY-ST-ZIP				4.4.0	HTY-S	ST-ZIP					
TITLE			☐ DELETE	5.1 T	ITLE					Change	Addition
NAME					IAME						
STREET ADDRESS						T ADDRESS					
CITY - ST - ZIP			DELETE	5.4 C 6.1 T		ST-ZIP	 			Change	☐ Addition
TITLE			- Detter		IAME					Person Accounting	
NAME STREET ADDRESS						F 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