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 # N9300001069

SEVEN HILLS COMMUNITY CHURCH, INC.

Principal Place of Business

3600 WEEMS RD

STE H

TALLAHASSEE FL 32311

Mailing Address

PO BOX 14792

TALLAHASSEE FL 32317-4792

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90046 012 ****70.00

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2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/02/1993				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number	App	lied For		
22		27		NOT_APPLICABLE	Not	Applicable_		
City & State	8	City & State		5. Certificate of Status Desired	\$8.75 Ac			
23	0	28	Country	C. St. via Company Singular				
₁ Zip	Country	Zip	¬ '	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	• •		
24	25	Paristand Apont	<u>oj</u>	10. Name and Address of New Registered		71 663		
9. Name and Address of Current Registered Agent 81 Name - Address of New Registered Agent								
	AINE FIELD CIRCLE SSEE FL 32311		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SPEN UCKER ess (P.O. Box Number is Not Acceptable)	2			
			84 City		85 Zip C	ode		
			TAL	laraesee Fi	┕│ぼん	<i>3</i> 0.5		
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.								
	1) (1	phis of, oddition or loose, there	1 /	Jucken 1-1	8-99	}		
SIGNATURE	Signature: Typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature require	d when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A				
TITLE	Ť	☐ DELETE	1.1 TITLE		Change	☐ Addition		
NAME	TUCKER, DARREN		1.2 NAME					
STREET ADDRESS	2007 FOSTER DRIVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP					
TITLE	TR	☐ DELETE	2.1 TITLE		☐ Change	Addition		
NAME	ELYEA, STEVE		2.2 NAME					
STREET ADDRESS	1070 WALDEN RD		2.3 STREET ADDRESS			ĺ		
CITY-ST-ZIP	TALLAHASSEE FL 32311	~	2.4 CITY-ST-ZIP					
TITLE	T	DELETE	3.1 TITLE		Change	☐ Addition		
NAME	ALLEN, ELAINE		3.2 NAME			.		
STREET ADDRESS	6025 REDFIELD CIRCLE		3.3 STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP					
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME	SERNA, NERF		4. 2 NAME					
STREET ADDRESS	4537 BOWFIN DR		4.3 STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP					
TITLE	TR	☐ DELETE	5.1 TITLE		Change	☐ Addition		
NAME	BAKER, PAUL		5.2 NAME			ļ		
STREET ADDRESS	445 STONEHOUSE RD		5.3 STREET ADDRESS	1		1		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		,			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME			Ì		
STREET ADDRESS			6.3 STREET ADDRESS					
277.07.70			64 CITY-ST-7IP					

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:

E REQUIRED