

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

0005704

**DOCUMENT # N93000001069**

1. Entity Name

**SEVEN HILLS COMMUNITY CHURCH, INC.**

03-06-2002 90078 044 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**3600 WEEMS RD  
 STE H  
 TALLAHASSEE FL 32311  
 US**

**PO BOX 14792  
 TALLAHASSEE FL 32317-4792**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2127519 NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKER, DARREN  
 2007 FOSTER DR  
 TALLAHASSEE FL 32303**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
**TUCKER, DARREN**  
**2007 FOSTER DRIVE**  
**TALLAHASSEE FL**

☐ Delete

☐ Change ☐ Addition

TR  
**ELYEA, STEVE**  
**1070 WALDEN RD**  
**TALLAHASSEE FL 32311**

☐ Delete

☐ Change ☐ Addition

TR  
**SERNA, NERF**  
**4537 BOWFIN DR**  
**TALLAHASSEE FL**

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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John L. Hodges* **FEB. 24, 2002**

CR2E037 (9/01)