

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 717281</b>			
1. Entity Name <b>SEMINOLE FIRST BAPTIST CHURCH, INC.</b>			
Principal Place of Business <b>11045 PARK BOULEVARD SEMINOLE, FL 33772</b>	Mailing Address <b>11045 PARK BOULEVARD SEMINOLE, FL 33772</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03032006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number <b>59-6045890</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOCK, CARMEN 13529 100TH AVENUE SEMINOLE, FL 33776</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000475250 04/05/06-00008-005 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOCK, CARMEN 13529 100TH AVENUE SEMINOLE, FL 33776		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRINGTON, NEVIS 7474 DREW OAK DRIVE SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOTT, MICHAEL 12050 90TH AVENUE SEMINOLE, FL 33776		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Michael G. Mott</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-8-06 727-392-7729 Date Daytime Phone #	