

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90171 014 ****70.00

DOCUMENT # N93000001069

1. Entity Name
SEVEN HILLS COMMUNITY CHURCH, INC.



10017236



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**3600 WEEMS RD
STE H
TALLAHASSEE FL 32311
US**

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

2. Principal Place of Business
4719 N. MONROE ST.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State

4. FEI Number **59-2127519**
Applied For
☐ Not Applicable

Zip
32303
Country
LEON

Zip
Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**TUCKER, DARREN
2007 FOSTER DR
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent
Name **JOEL A. SERNA**
Street Address (P.O. Box Number is Not Acceptable)
5449 TALLAPOOSA ROAD
City **TALLAHASSEE** FL Zip Code **32303**

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 *Joel A Serna* DATE **1-26-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS: \$61.25
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, DARREN 2007 FOSTER DRIVE TALLAHASSEE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ELYEA, STEVE 1070 WALDEN RD TALLAHASSEE FL 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SERNA, NERF 4537 BOWFIN DR TALLAHASSEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOEL A. SERNA 5449 TALLAPOOSA ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DR. JAMES GWARTNEY 4523 TIMBERLOCH DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joel A Serna* **REQUIRED** **1-26-03** **(850) 309-0980**

CR2E037 (10/02)