

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002463

Entity Name: SERAPHIM CENTER ADL CHAPEL 392 INC**Current Principal Place of Business:**3311 NW 37TH STREET
GAINESVILLE, FL 32605**Current Mailing Address:**3311 NW 37TH STREET
GAINESVILLE, FL 32605**FEI Number: 46-4968087****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOORE, JANET
3311 NW 37TH STREET
GAINESVILLE, FL 32605 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, PASTOR, TREASURER
Name MOORE, JANET
Address 3311 NW 37TH STREET
City-State-Zip: GAINESVILLE FL 32605

Title MEMBER
Name ESTLING, ERIC
Address 3194 IVY GLEN DRIVE
City-State-Zip: EUGENE OR 97402

Title VP, ASST. TREASURER
Name SNOW, JOHNNIE RANDALL
Address 7830 NW 21 WAY
City-State-Zip: GAINESVILLE FL 32609

Title MEMBER, SECRETARY
Name SNOW, MAGGIE
Address 7830 NW 21 WAY
City-State-Zip: GAINESVILLE FL 32609

Title MEMBER
Name MAURER, SARAH
Address 5600 NW 33 ST.
City-State-Zip: GAINESVILLE FL 32653

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET CLAIRE MOORE**REVEREND DOCTOR****01/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date