

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002463

**Entity Name:** THE SERAPHIM CENTER, INC.**Current Principal Place of Business:**3311 NW 37TH STREET  
GAINESVILLE, FL 32605**Current Mailing Address:**3311 NW 37TH STREET  
GAINESVILLE, FL 32605 US**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           | P, T, S              |
| Name            | MOORE, JANET C.      |
| Address         | 3311 NW 37TH STREET  |
| City-State-Zip: | GAINESVILLE FL 32605 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | SNOW, RANDY          |
| Address         | 7830 NW 21 WAY       |
| City-State-Zip: | GAINESVILLE FL 32609 |

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

|                 |                             |
|-----------------|-----------------------------|
| Title           | M                           |
| Name            | ESTLING, ERIC               |
| Address         | 534 SUNNYSIDE DR.<br>UNIT A |
| City-State-Zip: | EUGENE OR 97404             |

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

|                 |  |
|-----------------|--|
| Title           | OTHER, MEMBER OF THE BOARD OF<br>DIRECTORS |
| Name            | HANNA, TOM                                 |
| Address         | 3640 NW 105 WAY                            |
| City-State-Zip: | GAINESVILLE FL                             |

*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: REV. DR. JANET CLAIRE MOORE****MINISTER****02/06/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date