2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT #700327** 1. Entity Name 06 JUL -3 AM 8: 06 SEMINOLE PRESBYTERIAN CHURCH IN AMERICA, INC. ALLAHASSEE. FLORIDA Principal Place of Business Mailing Address A. INC. A, INC. 6101 N. HABANA AVE. 6101 N. HABANA AVE. TAMPA, FL 33614 TAMPA, FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05232006 Chq-NP CR2E037 (4/06) Applied For City & State City & State 4. FEI Number 59-0816464 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent LAMBERS, BENJAMIN Number is Not Acceptable 10812 N OREGON CIR TAMPA, FL 33612 Zip Code .33612 FL Tampa 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) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE PΩ TITLE ☐ Change Addition ☐ Delete KNEESHAW, PRESTON NAME NAME 300077173063 STREET ADDRESS 4914 COUNTRY HILLS DRIVE STREET ADDRESS 07/10/06--01004--007 CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP VPD Delete TITLE TITLE matthew storey LAMBERS, BENJAMIN NAME NAME 2217 Shadehill Court 10812 N. OREGON CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP Tampa, FL ☐ Change ☐ Addition □ Delete TITLE TITLE NAME WILLIAM, EARNEST NAME STREET ADDRESS 10716 CARROLLWOOD DR STREET ADDRESS TAMPA, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: