

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713027

FILED
Feb 19, 2008
Secretary of State

Entity Name: SEMINOLE BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

1895 E GRAVES AVE.
ORANGE CITY, FL 32774

New Principal Place of Business:

1895 E GRAVES AVE.
ORANGE CITY, FL 32763

Current Mailing Address:

PO BOX 741147
ORANGE CITY, FL 32774

New Mailing Address:

FEI Number: 59-1944513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUSSBAUMER, RITA M SEC.
3216 SAWYER CIRCLE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

HIGGINS, KIM TREASUR
1895 E. GRAVES AVENUE
ORANGE CITY, FL 32763 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: MRS. KIM HIGGINS

02/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: HIMES, MEL
Address: 2125 E. PARKTON DRIVE
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: MCDANIEL, TOM
Address: 139 NEAL DRIVE
City-St-Zip: DELTONA, FL 32738

Title: TD () Delete
Name: BOUTWELL, FRANKLIN
Address: 223 RIVER VILLAGE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: TD () Delete
Name: JAKUES, GENE
Address: 312 KIMBERLY COURT
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: FREEMON, DUMONT
Address: 835 ARLENE DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MR. MEL HIMES

PCD

02/19/2008

Electronic Signature of Signing Officer or Director

Date