

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713027

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** SEMINOLE BAPTIST ASSOCIATION, INC.

**Current Principal Place of Business:**

1895 E GRAVES AVE.  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**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:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** TD  
**Name:** GREGORY, GENE  
**Address:** 130 GARFIELD ROAD  
**City-St-Zip:** ENTERPRISE, FL 32725

**Title:** TD  
**Name:** JAKES, GENE  
**Address:** 312 KIMBERLY COURT  
**City-St-Zip:** SANFORD, FL 32771

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

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:** KIM HIGGINS

AGEN

03/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date