

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # 717281 1. Entity Name SEMINOLE FIRST BAPTIST CHURCH, INC.	
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Principal Place of Business 11045 PARK BOULEVARD SEMINOLE, FL 33772	Mailing Address 11045 PARK BOULEVARD SEMINOLE, FL 33772
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6045890	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOCK, CARMEN 13529 100TH AVENUE SEMINOLE, FL 33776

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IN THIS SPACE**

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 <i>Carmen Mock</i> Signature, typed or printed name of registered agent and title if applicable	<i>Caemen Mock Trustee</i> (NOTE: Registered Agent signature required when reinstating)
	<i>04/20/07</i> DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOCK, CARMEN 13529 100TH AVENUE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRINGTON, NEVIS 7474 DREW OAK DRIVE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOTT, MICHAEL 12950 90TH AVENUE SEMINOLE, FL 33776
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05/29/07-80028-001 70.00

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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.	
SIGNATURE: <i>Michael Mott</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>4-20-07</i> <i>727-392-7729</i> Date Daytime Phone #