


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90018 043 ****61.25

DOCUMENT # 721698

1. Entity Name
SOUTH SEMINOLE CHURCH OF CHRIST, INC.



Principal Place of Business
**5410 LAKE HOWELL RD
 WINTER PARK, FL 32792-8097**

Mailing Address
**5410 LAKE HOWELL RD
 WINTER PARK, FL 32792-8097**

50056908



2. Principal Place of Business
5410 LAKE HOWELL ROAD

3. Mailing Address
5410 LAKE HOWELL ROAD

Suite, Apt. #, etc.

06202005 Chg-NP CR2E037 (10/03)

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

Zip
32792-1097

Country

4. FEI Number
59-1225792

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAHAFFEY, JOHN D
 AMHERST BLDG 3203 LAWTON RD
 ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name
MAHAFFEY JOHN D.

Street Address (P.O. Box Number is Not Acceptable)
**3113 LAWTON ROAD
 SUITE 225**

City
ORLANDO

FL Zip Code
32803

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)

DATE _____

Filing Fee is \$61.25 Due by September 7, 2005

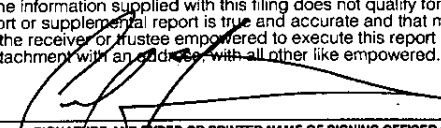
9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILSON, JIMMY H 1626 CARILLON PARK DR OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULTON, NORMAN 1301 LEEWAY DR. ORLANDO, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKINSON, GUY 350 S. TRIPLET LAKE DRIVE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAIRES, CARL 2230 EUGENIA COURT OVIEDO, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULTON, NORMAN 1301 LEEWAY DRIVE ORLANDO, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT/D DICKINSON, GUY 350 S. TRIPLET LAKE DRIVE CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addressee with all other like empowered.

SIGNATURE:  **CARL FAIRES**
 PRESIDENT/DIRECTOR 7/18/05 407-671-1163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #