

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 08, 2006  
Secretary of State**

DOCUMENT# 721698

Entity Name: SOUTH SEMINOLE CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

5410 LAKE HOWELL RD  
WINTER PARK, FL 327921097

**New Principal Place of Business:**

**Current Mailing Address:**

5410 LAKE HOWELL RD  
WINTER PARK, FL 327928097

**New Mailing Address:**

FEI Number: 59-1225792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAHAFFEY, JOHN D  
3113 LAWTON ROAD  
SUITE 225  
ORLANDO, FL 32803 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: AD ( ) Delete  
Name: FAIRES, CARL  
Address: 2230 EUGENIA COURT  
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete  
Name: FULTON, NORMAN  
Address: 1301 LEEWAY DR.  
City-St-Zip: ORLANDO, FL 32810

Title: STD ( ) Delete  
Name: DICKINSON, GUY  
Address: 350 S. TRIPLET LAKE DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,CD (X) Change ( ) Addition  
Name: FAIRES, CARL  
Address: 2230 EUGENIA COURT  
City-St-Zip: OVIEDO, FL 32765

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 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: CARL FAIRES

P,CD

03/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date