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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741001** **(2)**

1. Corporation Name
SOUTH SEMINOLE CHRISTIAN CHURCH, INC.,

Principal Place of Business	Mailing Address
STATE RD. 419 N. P. O. BOX 1145 OVIEDO FL 32765-1145	STATE RD. 419 N. P. O. BOX 1145 OVIEDO FL 32765

3. Date Incorporated or Qualified: 12/12/1977	3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-1810029	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

BRUMBAUGH, DOUG
300 LANGFORD DR.
CHULUOTA FL 32766

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STARR, HOWELL		1.2 NAME		
STREET ADDRESS	728 GALLOWAY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROMBAUGH, DOUG		2.2 NAME		
STREET ADDRESS	300 LANGFORD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	QUANDT, ZACHARY		3.2 NAME	Quandt, Zachary	
STREET ADDRESS	3018 ASH PARK PT.		3.3 STREET ADDRESS	3018 Ash Park Pt	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Winter Park FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, JAMES		4.2 NAME		
STREET ADDRESS	225 BITTERWOOD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME			5.2 NAME	Ralph E. Dora	
STREET ADDRESS			5.3 STREET ADDRESS	214 Forrest Drive	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Sanford, FL. 32773	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Zachary P. Quandt 3/9/97 4073657564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077794