


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 STATE RD. 419 N. P. O. BOX 1145 OVIEDO FL 32765-1145			Mailing Address STATE RD. 419 N. P. O. BOX 1145 OVIEDO FL 32765-1145		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1977	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 59-1810029	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BRUMBAUGH, DOUG 300 LANGFORD DR. CHULUOTA FL 32766				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				81 Name	
SIGNATURE _____				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)				83	
DATE _____				84 City	
12. OFFICERS AND DIRECTORS				85 Zip Code	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				FL	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				1.2 NAME	
1.3 STREET ADDRESS				1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				2.2 NAME	
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				3.2 NAME	
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				4.2 NAME	
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				5.2 NAME	
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				6.2 NAME	
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP	

14. 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 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: *Ralph E. Dorn* RALPH E. DORN, TRASHNER 1/12/1998 407-365-7564

CR2E037 (10/97)