


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90068 011 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 741001</b>					
1. Corporation Name <b>SOUTH SEMINOLE CHRISTIAN CHURCH, INC.,</b>					
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 <b>21 300 WEST STATE ROAD 434</b>		2a. Mailing Address <b>26 300 WEST STATE ROAD 434</b>		3. Date Incorporated or Qualified <b>12/12/1977</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1810029</b>	
City & State <b>23 OVIEDO, FL.</b>		City & State <b>28 OVIEDO, FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32765</b>		Country <b>25 SEMINOLE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>BRUMBAUGH, DOUG</b> <b>300 LANGFORD DR.</b> <b>CHULUOTA FL 32766</b>				10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BORN, RALPH E.</del>	1.2 NAME	LEMONS, M.S.
STREET ADDRESS	<del>244 FORREST DRIVE</del>	1.3 STREET ADDRESS	235 PRAIRIE DUSE WAY
CITY-ST-ZIP	<del>SANFORD FL</del>	1.4 CITY-ST-ZIP	OKLANDO, FL. 32828-8869
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMBAUGH, DOUG	2.2 NAME	BRUMBAUGH, DOUG
STREET ADDRESS	300 LANGFORD DR.	2.3 STREET ADDRESS	300 LANGFORD DR.
CITY-ST-ZIP	CHULUOTA FL	2.4 CITY-ST-ZIP	CHULUOTA, FL. 32766
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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. 32792-8135
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JAMES	4.2 NAME	MONTGOMERY, JAMES
STREET ADDRESS	225 BITTERWOOD ST.	4.3 STREET ADDRESS	3969 JOURNEY COURT
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	CASSELBERRY, FL. 32707
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *M. S. Lemon* SIGNATURE REQUIRED

Date

Daytime Phone #

1/22/1999 407-365-7564

CR2E037 (11/98)