

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90504 040 ****61.25

DOCUMENT # 741001

1. Entity Name

SOUTH SEMINOLE CHRISTIAN CHURCH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 W State Road 434

3. Mailing Address

300 W State Road 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oviedo, FL

City & State

Oviedo, FL

4. FEI Number

59-1810029

Applied For

Not Applicable

Zip

32765-1145

Country

Seminole

Zip

32765-1145

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Brumbaugh, Doug

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

300 Langford Drive

City

Chuluota

FL

Zip Code
32766

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

T
LEMONS, M S
235 PRAIRIE DUNE WAY
ORLANDO, FL 32828-8869

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
BROMBAUGH, DOUG
300 LANGFORD DR.
CHULUOTA, FL 32766

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
QUANDT, ZACHARY
3018 ASH PARK PT.
WINTER PARK, FL 32792-8135

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
JAMES F. LESLIE
16660 HAMILTON DR.
ORLANDO, FL 32833

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. S. Lemons M. S. LEMONS TREASURER

6/18/2002 407-365-7564

CR2E037B (12/01)