

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 741001

1. Entity Name

SOUTH SEMINOLE CHRISTIAN CHURCH, INC.,



Principal Place of Business
**300 W. STATE ROAD 434
OVIEDO FL 32765-1145
US**

Mailing Address
**300 W. STATE ROAD 434
OVIEDO FL 32765-1145
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1810029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUMBAUGH, DOUG
300 LANGFORD DR.
CHULUOTA FL 32766**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
LEMONS, M S
STREET ADDRESS
235 PRAIRIE DUNE WAY
CITY- ST- ZIP
ORLANDO FL 32828-8869

TITLE NAME ☐ Delete
BROMBAUGH, DOUG
STREET ADDRESS
300 LANGFORD DR.
CITY- ST- ZIP
CHULUOTA FL 32766

TITLE NAME ☐ Delete
QUANDT, ZACHARY
STREET ADDRESS
3018 ASH PARK PT.
CITY- ST- ZIP
WINTER PARK FL 32792-8135

TITLE NAME ☐ Delete
LESLIE, JAMES F
STREET ADDRESS
16660 HAMILTON DR.
CITY- ST- ZIP
ORLANDO FL 32833

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
U00000055689
02/18/04-80014-014 61.25

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. S. LEMONS
TREASURER

2/18/2004

407-365-7564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #