

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 741001

1. Entity Name

SOUTH SEMINOLE CHRISTIAN CHURCH, INC.,



FILED
Jan 31, 2005 08:00 AM
Secretary of State
\$61.25

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

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 reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	T	<input type="checkbox"/> Delete
NAME	LEMONS, M S	
STREET ADDRESS	235 PRAIRIE DUNE WAY	
CITY- ST- ZIP	ORLANDO FL 32828-8869	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROMBAUGH, DOUG	
STREET ADDRESS	300 LANGFORD DR.	
CITY- ST- ZIP	CHULUOTA FL 32766	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUANDT, ZACHARY	
STREET ADDRESS	3018 ASH PARK PT.	
CITY- ST- ZIP	WINTER PARK FL 32792-8135	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESLIE, JAMES F	
STREET ADDRESS	16660 HAMILTON DR.	
CITY- ST- ZIP	ORLANDO FL 32833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000208474
CITY- ST- ZIP	02/01/05-80085-010 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(f), 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 M.S. LEMONS, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2005 407-365-7564
Date Daytime Phone #