


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741508</b>		
1. Entity Name <b>FELLOWSHIP BAPTIST CHURCH OF SOUTH SEMINOLE COUNTY, INC.</b>		
Principal Place of Business <b>5344 RED BUG LAKE ROAD P.O. BOX 181191 CASSELBERRY, FL 32718-8191</b>	Mailing Address <b>5344 RED BUG LAKE ROAD P.O. BOX 181191 CASSELBERRY, FL 32718-8191</b>	



04222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1818065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KLEIN, JON 1700 PERCH LANE SANFORD, FL 32771</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000938108  
05/27/08-80077-017 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIN, JON 1700 PERCH LANE SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLOYD, BLANCHE 1101 LLOYD'S LANE MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'BRYANT, JIM 5066 TANGERINE AVE. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Jim O'Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-26-08*

Date

*407 699-1011*

Daytime Phone #