

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000673

FILED
Sep 13, 2008
Secretary of State

Entity Name: SHEENA SEYMOUR MINISTRIES, INC.

Current Principal Place of Business:

10031 FACET CT
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

10031 FACET CT
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 73-1732044 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEYMOUR, SHEENA
10031 FACET CT
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEYMOUR, SHEENA
Address: 10031 FACET CT
City-St-Zip: ORLANDO, FL 32836

Title: VAS () Delete
Name: SEYMOUR, SELENA B
Address: 10031 FACET CT
City-St-Zip: ORLANDO, FL 32836

Title: TS () Delete
Name: SEYMOUR, COURTNEY A
Address: 10031 FACET CT
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: SMITH, DEBORAH A
Address: 3146 SPLIT WILLOW DR
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: MILLER, ROSALIND
Address: 428 APOPKA HILLS CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: CARSON, BOBBIE
Address: 5554 BLUE TICK
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SEYMOUR, CHRISTIAN J
Address: 10031 FACET COURT
City-St-Zip: ORLANDO, FL 32836

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEENA SEYMOUR

P

09/13/2008

Electronic Signature of Signing Officer or Director

_____ Date