

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90104 021 ****70.00

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DOCUMENT # N16067 1. Entity Name SEMORAN BAPTIST TEMPLE INC.					
Principal Place of Business 110 W ORANGE ST APOPKA, FL 32703			Mailing Address P O BOX 992 APOPKA, FL 32704-0992 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2696157	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENDERSON, JASON M REV 110 W ORANGE ST APOPKA, FL 32703				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHELLENBERG, WILLIAM 2325 LAKE VALE RD APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALZ, Rodney C 1004 Alfred Dr. Orlando, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBERSOLE, KENNETH R 220 S LAKE PLEASANT RD APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ebersole, Kenneth R 220 S Lake Pleasant Rd APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOERR, MIKE 2120 ROGERS RD APOPKA, FL 32712		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 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: <u>Kenneth R. Ebersole</u> Kenneth R. Ebersole 4-14-06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	

407-331-1825

321-239-2528-Cell