2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

DOCUMENT # N16067 1. Entity Name SEMORAN BAPTIST TEMPLE INC.)	04-12-2007 90	0043 044	4 ****7O.()0
Principal Place of Business 110 W ORANGE ST APOPKA, FL 32703			POB	Mailing Address P O BOX 992 APOPKA, FL 32704-0992 US			400			IN SIEN EIEN EIE	nca) el lari
2. Principal Place of Business - No P.O. Box #			3. Maili	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			04092007	Chg-NP	CR2E0	37 (12/06)	
City & State			City	& State		4. FEI Numbe 59-2696				oplied For of Applicable	
Zip Country		Zip	Zip		intry	5. Certificate	of Status Desired	B	\$8.75 Add Fee Require		
6. Name and Address of Current Regist				d Agent			7. Name and	Address of New R	egistered .	Agent	
HENDERS	ON:JASC	N M REV				Name					
HENDERSON, JASON M REV 110 W ORÂNGE ST APOPKA, FL 32703						Street Address	(P.O. Box Numbe	r is Not Acceptable)		
				-		City			. <u> </u>	Zip Cod	е
				·					FL	• l	
	named entity ions of regist	y submits this statement f ered agent.	or the purpo	ose of changing its	registere	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. Iam	familiar with,	and accept
SIGNATURE	Signatura, typed	or printed name of registered agen	t and title # spp	cable. (NOTE	: Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$61.25 Dige by May 1, 2007								\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
<u>.</u> 25 1 የ ነ ኒክ				9. Election Car Trust Fund C							
2 * 1			IRECTORS				Added to Fees		ida Depai	tment of S	tate
10. – 11TLE	Due by M	Lay 1, 2007 OFFICERS AND D	IRECTORS		11.	ion.	Added to Fees	Flor	ida Depai	tment of S	tate
TITLE NAME	PD WALZ, RO	Lay 1, 2007 OFFICERS AND D DDNEY C	IRECTORS	Trust Fund (11. TITLE	ion. E	Added to Fees	Flor	ida Depai	RECTORS IN	tate
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: