

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38735 (9)

1. Corporation Name

SEMINOLE INTERFAITH SHEPHERD CENTER, INC.



Principal Place of Business

11045 PARK BLVD.
SEMINOLE FL 34642
US

Mailing Address

11045 PARK BLVD.
SEMINOLE FL 34642
US

3. Date Incorporated or Qualified
06/19/1990

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONALDSON, GEORGE
8216 ANNWOOD ROAD
SEMINOLE FL 34647**

81 Name

FINN, LARRY

82 Street Address (P.O. Box Number is Not Acceptable)

850 15TH AVE SW

83

84 City

LARGO

FL

85 Zip Code
34640

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Larry Finn

LARRY FINN - TREASURER

4-23-96

Signature (typed or printed name) of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **ROSER, EARL**
STREET ADDRESS **6812 TEQUESTA DR. NORTH**
CITY-ST-ZIP **SEMINOLE FL**

1.1 TITLE **P.D.** ☐ Change ☒ Addition
1.2 NAME **SCHOFF, TAD**
1.3 STREET ADDRESS **10190 IMPERIAL POINT DR. A-13**
1.4 CITY-ST-ZIP **LARGO, FL 34644**

TITLE **D** ☐ DELETE
NAME **BOCK, MILDRED**
STREET ADDRESS **13811 KIMBERLY DR.**
CITY-ST-ZIP **LARGO FL**

2.1 TITLE **T.D.** ☐ Change ☒ Addition
2.2 NAME **LARRY FINN**
2.3 STREET ADDRESS **850 15TH AVE S.W.**
2.4 CITY-ST-ZIP **LARGO, FL. 34640**

TITLE **VD** ☒ DELETE
NAME **BAUR, ELAINE**
STREET ADDRESS **14141 11TH TERR. N.**
CITY-ST-ZIP **LARGO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **DONALDSON, GEORGE**
STREET ADDRESS **8216 ANNWOOD ROAD**
CITY-ST-ZIP **SEMINOLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **LAWRENCE, MADELEINE H.**
STREET ADDRESS **829 BAY POINT DR.**
CITY-ST-ZIP **MADEIRA BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **GORDON, FRED**
STREET ADDRESS **9209 SEMINOLE BLVD, #182**
CITY-ST-ZIP **SEMINOLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Finn **LARRY FINN** **4-23-96** **813-585-8935**

Date

Daytime Phone #

CR2E037 (12/95)