

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N38735** (9)

1. Corporation Name

**SEMINOLE INTERFAITH SHEPHERD CENTER, INC.**

Principal Place of Business

Mailing Address

**11045 PARK BLVD.  
SEMINOLE FL 34642  
US**

**11045 PARK BLVD.  
SEMINOLE FL 34642  
US**

3. Date Incorporated or Qualified

**06/19/1990**

4. FEI Number

**59-3028662**

Applied For  
Not Applicable

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

**FINN, LARRY  
850 15TH AVE SW  
LARGO FL 34640**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **SCHOFF, TAD**  
STREET ADDRESS **10190 IMPERIAL POINT DR A-13**  
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☒ DELETE

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

TITLE **TD** ☐ DELETE

NAME **LARRY FINN**  
STREET ADDRESS **850 15TH AVE SW**  
CITY-ST-ZIP **LARGO FL**

TITLE **SD** ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT - D** ☒ Change ☒ Addition

1.2 NAME **EARL ROSER**  
1.3 STREET ADDRESS **6812 TEQUESTA DRIVE**  
1.4 CITY-ST-ZIP **SEMINOLE, FL 34647** ☒ Change ☒ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

Date

**1/12/98**

Daytime Phone # **813 585 8925**

CR2E037 (10/97)