


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90208 003 ****61.25

DOCUMENT # N38735 1. Entity Name SEMINOLE INTERFAITH SHEPHERD CENTER, INC.																										
Principal Place of Business 9530 STARKEY ROAD SEMINOLE FL 33777 US		Mailing Address P O BOX 7071 SEMINOLE FL 33775 US																								
2. Principal Place of Business 9530 Starkey Rd Suite, Apt. #, etc.		3. Mailing Address PO Box 7071 Suite, Apt. #, etc.																								
City & State Seminole, FL Zip 33777		City & State Seminole, FL Zip 33775																								
Country Pinellas		Country Pinellas																								
4. FEI Number 59-3028662		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent TAYLOR, ROBERT W 4750 COVE CIRCLE N. #502 SAINT PETERSBURG FL 33708		7. Name and Address of New Registered Agent Name Robert W. Taylor Street Address (P.O. Box Number is Not Acceptable) 4750 Cove Circle, N. #502 St Petersburg, FL 33708 City FL Zip Code																								
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 <i>Robert W. Taylor</i> <i>Robert W. Taylor</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>																										
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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																								
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12. 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 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: Robert W. Taylor		Robert W. Taylor 05.07.04																								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																								