

FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43770** (9)

1. Corporation Name

**SEMORAN COMMUNITY CHURCH, INC.**



Principal Place of Business	Mailing Address
67 E MAIN ST APOPKA FL 32703 US	BOX 457 CLARCONA FL 32710-0457

3. Date Incorporated or Qualified <b>06/10/1991</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3096074</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIRD DOUGLAS H  
2451 CANTER CLUB TR  
APOPKA FL 32712**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRD DOUGLAS H</b>	1.2 NAME	<b>President</b>
STREET ADDRESS	<b>2451 CANTER CLUB TRAIL</b>	1.3 STREET ADDRESS	<b>Bird, Douglas H.</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	1.4 CITY-ST-ZIP	<b>2451 Canterclub TR. Apopka, FL. 32712.</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCK, STAN</b>	2.2 NAME	<b>Vice-President</b>
STREET ADDRESS	<b>5725 N. APOPKA VINELAND</b>	2.3 STREET ADDRESS	<b>Brock, Stan</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>5725 N. Apopka-Vineland Rd. Orlando, FL. 32818</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, CHRIS</b>	3.2 NAME	<b>Secretary-Treasurer</b>
STREET ADDRESS	<b>17 DINGO PLACE</b>	3.3 STREET ADDRESS	<b>Bird, R. Martin</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	3.4 CITY-ST-ZIP	<b>28 Spring Hollow Blvd. Apopka, Florida 32712</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **Douglas H. Bird, President** 4/17/97 (407) 880-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015732

CR2E037 (9/96)