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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90153 045 \*\*\*\*61.25

DOCUMENT # **N43770**

1. Corporation Name

**SEMORAN COMMUNITY CHURCH, INC.**

Principal Place of Business

67 E MAIN ST  
APOPKA FL 32703  
US

Mailing Address

BOX 457  
CLARCONA FL 32710

3 8 9 5 7 8  
389570 - 90153 - 45



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/10/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3096074

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BIRD DOUGLAS H  
STREET ADDRESS 2451 CANTER CLUB TRAIL  
CITY-ST-ZIP APOPKA FL

TITLE VPD ☐ DELETE

NAME BROCK, STAN  
STREET ADDRESS 5783 N. APOPKA VINELAND  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE

NAME BIRD, R M  
STREET ADDRESS 28 SPRING HOLLOW BLVD  
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Douglas H Bird**  
President

4-7-99 (407) 880-9226

Date

Daytime Phone #

CR2E037 (1/98)