

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90168 026 ****61.25

DOCUMENT # N93000003798

1. Entity Name

SEMINOLE COMMUNITY CHAPEL, INC.



Principal Place of Business

10721 61ST AVE NORTH
SEMINOLE FL 33772
US

Mailing Address

10721 61ST AVE NORTH
SEMINOLE FL 33772
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BROWN, MICHAEL R REV
10719 61ST AVE N
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name **Pastor Gene Howard**
Street Address (P.O. Box Number is Not Acceptable)
10721 61st Ave N
Seminole
City **FL** Zip Code **33772**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MICHAEL R	
STREET ADDRESS	10719 61ST AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUREDINICK, TOM	
STREET ADDRESS	C/O 10719 61ST AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, IVAN	
STREET ADDRESS	C/O 10719 61ST AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTHISIN, CARLES	
STREET ADDRESS	C/O 10719 61ST AVE. N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENE HOWARD	
STREET ADDRESS	10721 61st Ave N	
CITY-ST-ZIP	Seminole FL 33772	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRAR, TOM	
STREET ADDRESS	10721 61st Ave N	
CITY-ST-ZIP	Seminole FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, CHARLES	
STREET ADDRESS	10721 61st Ave N	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

Date

727-423-9468

Daytime Phone #