
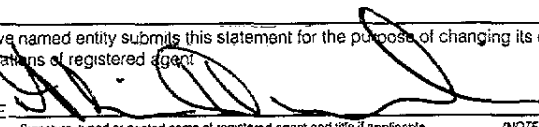


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		01162006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent HOWARD, PASTOR GENE 10719 61ST AVE N SEMINOLE, FL 33772		DO NOT WRITE IN THIS SPACE	
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:  <u>4.23.2006</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, GENE 10719 61ST AVE N SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUREDNick, TOM C/O 10719 61ST AVE N SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, IVAN C/O 10719 61ST AVE N SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTCHINSON, CHARLES 10721 61ST AVE N SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRAR, TOM 10721 61ST AVE N SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-22-06</u> <u>727-423-9468</u> <small>Date Daytime Phone #</small>	