

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002000 (7)N/C 12-18-95**

1. Corporation Name
PRaise Fellowship Church, Inc.
SEMINOLE Community Church, Inc. (see attached copy of Articles)



Principal Place of Business: **200 W FIRST ST SANFORD FL 32771**
Mailing Address: **P.O. BOX 951823 LAKE MARY FL 32795 US**

3. Date Incorporated or Qualified: **04/20/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **5735 North Road**
2a. Mailing Address: [Blank]
22. Suite, Apt. #, etc.: [Blank]
27. Suite, Apt. #, etc.: [Blank]
23. City & State: **SANFORD FL**
28. City & State: [Blank]
24. Zip: **32771**
25. Country: **USA**
29. Zip: [Blank]
30. Country: [Blank]

4. FEI Number: **59-3262692**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MCINTOSH, KENNETH W
200 W FIRST ST
SANFORD FL 32771**

10. Name and Address of New Registered Agent
81. Name: **William McQuatters**
82. Street Address (P.O. Box Number is Not Acceptable): **5735 NORTH ROAD**
83. [Blank]
84. City: **SANFORD** FL 85. Zip Code: **32771**

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 617.0502, Florida Statutes.

SIGNATURE: *William E. McQuatters* **William E. McQuatters** 5/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, GERALD R	1.2 NAME	
STREET ADDRESS	4760 OHIO AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, SUSAN	2.2 NAME	
STREET ADDRESS	127 KAYWOOD DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSUP, JAMISON M SR.	3.2 NAME	
STREET ADDRESS	557 NOREMAC AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32738	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MARK	4.2 NAME	
STREET ADDRESS	1500 ELLIOT ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, PAUL W	5.2 NAME	
STREET ADDRESS	1014 WILMINGTON DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	DONALD WILLIAMS
CITY - ST - ZIP		6.4 CITY - ST - ZIP	451 KAYWOOD DR SANFORD FL 32771

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gerald R Walsh* **GERALD R WALSH** 5/1/96 407324-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)