

**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 Inc.)

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

21 **5735 North Road**

Suite, Apt. #, etc.

22 City & State  
23 **SANFORD FL**

Zip

24 **32771**

Country

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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

**William E. McQuatters**

**5/1/96**

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **W**  
**WALSH, GERALD R**  
STREET ADDRESS **4780 OHIO AVE**  
CITY - ST - ZIP **SANFORD FL**

TITLE ☐ DELETE

NAME **D**  
**WALKER, SUSAN**  
STREET ADDRESS **127 KAYWOOD DR**  
CITY - ST - ZIP **SANFORD FL**

TITLE ☐ DELETE

NAME **D**  
**JESSUP, JAMISON M SR.**  
STREET ADDRESS **557 NOREMAC AVE**  
CITY - ST - ZIP **DELTONA FL 32738**

TITLE ☐ DELETE

NAME **D**  
**WRIGHT, MARK**  
STREET ADDRESS **1500 ELLIOT ST**  
CITY - ST - ZIP **SANFORD FL**

TITLE ☐ DELETE

NAME **D**  
**CARSON, PAUL W**  
STREET ADDRESS **1014 WILMINGTON DR**  
CITY - ST - ZIP **DELTONA FL 32725**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**500001877025**  
**-06/26/96--01130--002**  
**\*\*\*\$61.25**

**D**  
**DONALD WILLIAMS**  
**451 KENTWOOD DR**  
**SANFORD FL 32771**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GERALD R WALSH**

**5/1/96**

**407324-0779**

CR2E037 (12/95)