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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002000 (7)**
1. Corporation Name
SEMINOLE COMMUNITY CHURCH, INC.



Principal Place of Business 5735 NORTH RD. SANFORD FL 32771	Mailing Address P.O. BOX 851823 LAKE MARY FL 32795-1823 US
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3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report 06/26/1996
4. FEI Number 59-3262692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

MCQUATTERS, WILLIAM
5735 NORTH RD.
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	WALSH, GERALD R	
STREET ADDRESS	4780 OHIO AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, SUSAN	
STREET ADDRESS	127 KAYWOOD DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JESSUP, JAMISON M SR.	
STREET ADDRESS	557 NOREMAC AVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, MARK	
STREET ADDRESS	1500 ELLIOT ST	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARSON, PAUL W	
STREET ADDRESS	1014 WILMINGTON DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DONALD	
STREET ADDRESS	451 KENTWOOD DR.	
CITY-ST-ZIP	SANFORD FL 32771	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CYNDY HARDY
2.3 STREET ADDRESS	263 Plaza Oval
2.4 CITY-ST-ZIP	Casselberry FL 32707
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jim Nielsen
3.3 STREET ADDRESS	715 MALLARD DR
3.4 CITY-ST-ZIP	SANFORD FL 32771
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William McQuatters
4.3 STREET ADDRESS	5735 North Road
4.4 CITY-ST-ZIP	SANFORD FL 32771
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Gerald R Walsh* **GERALD R WALSH** #12/97 407 324-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015633

CR2E037 (9/96)