


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90067 022 \*\*\*\*70.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                           |  |  |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N94000002000</b>  |  |   |   |   |  |
| 1. Corporation Name<br><b>SEMINOLE COMMUNITY CHURCH, INC.</b>             |  |   |   |   |  |
| Principal Place of Business<br><b>5735 NORTH RD.<br/>SANFORD FL 32771</b> |  |   | Mailing Address<br><b>4760 OHIO AVE<br/>SANFORD FL 32771<br/>US</b> |   |  |



|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>04/20/1994</b>   |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-3262692</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             |                     | 27                  |                     | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
| 23                             | City & State        | 28                  | City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 24                             | Zip                 | 25                  | Country             | 29   | 30   |

|  |  |  |  |  |  |    |          |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent                                |  |  |  | 10. Name and Address of New Registered Agent |  |    |          |
| <b>MCQUATTERS, WILLIAM</b><br><b>5735 NORTH RD.</b><br><b>SANFORD FL 32771</b> |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                            |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |  |  |
|----------------------------|----------------------------|--|--|---|-------------------------|--|--|
| TITLE                      | V                          | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | <b>PRESIDENT</b>        | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | <b>WALSH, GERALD R</b>     |  |  | 1.2 NAME  |                         |  |  |
| STREET ADDRESS             | <b>4760 OHIO AVE</b>       |  |  | 1.3 STREET ADDRESS                                    |                         |  |  |
| CITY-ST-ZIP                | <b>SANFORD FL</b>          |  |  | 1.4 CITY-ST-ZIP                                       |                         |  |  |
| TITLE                      | D                          | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE   | <b>[Signature]</b>      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                       | <b>CASHION, JEFFREY C</b>  |  |  | 2.2 NAME  |                         |  |  |
| STREET ADDRESS             | <b>4347 ROCKY RIDGE PL</b> |  |  | 2.3 STREET ADDRESS                                    |                         |  |  |
| CITY-ST-ZIP                | <b>SANFORD FL 32773</b>    |  |  | 2.4 CITY-ST-ZIP                                       |                         |  |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   | <b>TREASURER</b>        | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | <b>MCQUATTERS, WILLIAM</b> |  |  | 3.2 NAME  |                         |  |  |
| STREET ADDRESS             | <b>5735 NORTH RD</b>       |  |  | 3.3 STREET ADDRESS                                    |                         |  |  |
| CITY-ST-ZIP                | <b>SANFORD FL</b>          |  |  | 3.4 CITY-ST-ZIP                                       |                         |  |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   | <b>SECRETARY</b>        | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | <b>CARSON, PAUL W</b>      |  |  | 4.2 NAME  |                         |  |  |
| STREET ADDRESS             | <b>1014 WILMINGTON DR</b>  |  |  | 4.3 STREET ADDRESS                                    |                         |  |  |
| CITY-ST-ZIP                | <b>DELTONA FL 32725</b>    |  |  | 4.4 CITY-ST-ZIP                                       |                         |  |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            |  | 5.1 TITLE   |                         | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                       | <b>WILLIAMS, DONALD</b>    |  |  | 5.2 NAME  |                         |  |  |
| STREET ADDRESS             | <b>451 KENTWOOD DR.</b>    |  |  | 5.3 STREET ADDRESS                                    |                         |  |  |
| CITY-ST-ZIP                | <b>SANFORD FL 32771</b>    |  |  | 5.4 CITY-ST-ZIP                                       |                         |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   | <b>D</b>                | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME                       |                            |  |  | 6.2 NAME  | <b>JAMES K. ALFORD</b>  |  |  |
| STREET ADDRESS             |                            |  |  | 6.3 STREET ADDRESS                                    | <b>2215 CORDOVA DR</b>  |  |  |
| CITY-ST-ZIP                |                            |  |  | 6.4 CITY-ST-ZIP                                       | <b>SANFORD FL 32771</b> |  |  |

14. 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 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, with all other like empowered.

SIGNATURE: *Gerald R. Walsh* 3/22/99 407-324-0199  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)