

DOCUMENT # N94000002000

1. Entity Name

SEMINOLE COMMUNITY CHURCH, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90122 031 ****70.00

Principal Place of Business

Mailing Address

5735 NORTH RD.
SANFORD FL 32771

4760 OHIO AVE
SANFORD FL 32771-9025
US

2. Principal Place of Business

3. Mailing Address

5070 ORANGE BLVD
Suite, Apt. #, etc.

5070 ORANGE BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

SANFORD FL

SANFORD FL

4. FEI Number

59-3262692

Applied For

Not Applicable

Zip

Country

Zip

Country

32771

USA

32771

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCQUATTERS, WILLIAM
5735 NORTH RD.
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

William McQuatters, Treasurer Seminole Community Church, Inc.

4-24-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WALSH, GERALD R	
STREET ADDRESS	4760 OHIO AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCQUATTERS, WILLIAM	
STREET ADDRESS	5735 NORTH RD	
CITY-ST-ZIP	SANFORD FL	
TITLE	S	<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	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALFORD, JAMES K	
STREET ADDRESS	2215 CORDOVA DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D-Directive Jim Trail	
STREET ADDRESS	1480 WARRIOR	
CITY-ST-ZIP	DELTONA FL 32725	

12. 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 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:

Gerald R Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD R WALSH

Date

4/24/00

Daytime Phone #

407.324.0199

CR2E037 (9/99)