

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002000

1. Entity Name

SEMINOLE COMMUNITY CHURCH, INC.

Principal Place of Business

5070 ORANGE AVE BLVD
SANFORD FL 32771

Mailing Address

5070 ORANGE AVE BLVD
SANFORD FL 32771
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3262692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCQUATTERS, WILLIAM
5735 NORTH RD.
SANFORD FL 32771

7. Name and Address of New Registered Agent

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

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

TITLE P
NAME WALSH, GERALD R
STREET ADDRESS 4760 OHIO AVE
CITY-ST-ZIP SANFORD FL

TITLE T
NAME MCQUATTERS, WILLIAM
STREET ADDRESS 5735 NORTH RD
CITY-ST-ZIP SANFORD FL

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

TITLE D
NAME WILLIAMS, DONALD
STREET ADDRESS 451 KENTWOOD DR.
CITY-ST-ZIP SANFORD FL 32771

TITLE D
NAME ALFORD, JAMES K
STREET ADDRESS 2215 CORDOVA DR
CITY-ST-ZIP SANFORD FL 32771

TITLE D
NAME TRAIL, JIM
STREET ADDRESS 1480 WARIE
CITY-ST-ZIP DELTONA FL 32725

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME William Terwilliger
STREET ADDRESS 309 W. 15th St.
CITY-ST-ZIP SANFORD, FL 32771

TITLE D
NAME Phil Miner
STREET ADDRESS 6732 WATER STONE CT.
CITY-ST-ZIP SANFORD FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

407 324 0199

Daytime Phone #

CR2E037 (10/00)

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