

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90789 001 ****61.25

DOCUMENT # N94000002000

1. Entity Name

SEMINOLE COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**5070 ORANGE AVE BLVD
 SANFORD FL 32771**

**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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **Robert Guernsey**
 STREET ADDRESS **201 W. 15TH STREET**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE Delete
 NAME **D TERWILLEGER, WILLIAM**
 STREET ADDRESS **309 W. 15TH ST.**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MINER, PHILL**
 STREET ADDRESS **6732 WATER STONE CT.**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **D FRED KENNEDY**
 STREET ADDRESS **420 STILL FOREST TER**
 CITY-ST-ZIP **SANFORD FL 32771**

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:

Handwritten Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

407 417 2351
 Daytime Phone #

CR2E037 (9/01)

0394452