## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400002000

Entity Name: SEMINOLE COMMUNITY CHURCH, INC.

FILED Apr 16, 2009 Secretary of State

| Current Principal Place of Business:   |   |                            |   | New Principal Place of Business:                                       |  |           |                          |
|--|---|----------------------------|---|--|--|-----------|--------------------------|
| 5070 ORANGE AVE BLVD<br>SANFORD, FL 32771  |   |                            |   |  |  |           |                          |
| Current Mailing Address:   |   |                            |   | New Mailing Address:   |  |           |                          |
| 5070 ORANGE AVE BLVD<br>SANFORD, FL 32771 US   |   |                            | 5070 ORANGE AVE BLVD<br>SANFORD, FL 32771 |  |  |           |                          |
| FEI Number:  | 59-3262692  | FEI Number Applied For ( ) | FEI Num                                   | ber Not Appli  | cable ( )  | Certifica | te of Status Desired (X) |
| Name and   | rrent Registered Agent:                                       | Name and                   | Address of New Registered Agent:          |  |  |           |                          |
| MCQUATTERS, WILLIAM<br>5735 NORTH RD.<br>SANFORD, FL 32771 US  |   |                            |   | BURKETT, RONALD J<br>260 MEADOW BEAUTY TERRACE<br>SANFORD, FL 32771 US |  |           |                          |
| 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: RONALD J BURKETT  |   |                            |   | 04/16/2009   |  |           |                          |
| Electronic Signature of Registered Agent   |   |                            |   | Date   |  |           |                          |
| OFFICERS AND DIRECTORS:  |   |                            |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                           |  |           |                          |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | P () C<br>WALSH, GERALD<br>23251 OAK PRAI<br>SORRENTO, FL     | RIE CIR.                   |   | Title:<br>Name:<br>Address:<br>City-St-Zip:                            | ( )  | ) Change( | ) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | T () D<br>BURKETT, RONA<br>260 MEADOW BE<br>SANFORD, FL 33    | EAUTY TERRACE              |   | Title:<br>Name:<br>Address:<br>City-St-Zip:                            | ( )  | ) Change( | ) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () D<br>DONALDSON, PA<br>209 DOGWOOD<br>SANFORD, FL 3:      | DRIVE                      |   | Title:<br>Name:<br>Address:<br>City-St-Zip:                            | S (X<br>DONALDSON,<br>209 DOGWOO<br>SANFORD, FL      | D DRIVE   | ) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () D<br>MINER, PHILL<br>790 SUMMER PA<br>SANFORD, FL 3:     |                            |   | Title:<br>Name:<br>Address:<br>City-St-Zip:                            | ( )  | ) Change( | ) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | CLER () C<br>CUSIMANO, GER<br>1001 GROVE MA<br>SANFORD, FL 33 | NOR DR                     |   | Title:<br>Name:<br>Address:<br>City-St-Zip:                            | D (X<br>HOLLIDAY, DO<br>367 PUTNAM L<br>LAKE MARY, F | .N        | ) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | ()[   | Pelete                     |   | Title:<br>Name:<br>Address:<br>City-St-Zip:                            | D (<br>PARKER, DAVI<br>542 AVON GLA<br>SANFORD, FL   | DE PL     | X) Addition              |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD R WALSH P 04/16/2009