2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered

Michael C. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: _ Michael C.

Mar 24, 2004 8:00 am Secretary of State DOCUMENT # N99000005849 1. Entity Name 03-24-2004 90039 040 ****61.25 SEMINOLE SPRINGS BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 35025 HUFF RD 35025 HUFF RD EUSTIS FL 32736 **EUSTIS FL 32736** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3625801 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael C. Hughes COOLEY, COLIN D Street Address (P.O. Box Number is Not Acceptable) **26250 COUNTY ROAD 44A** EUSTIS FL 32736 26629 White Egret Lane Eustis, 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE Michael C. Hughes, President FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE President Change ☐ Addition COOLEY, COLIN D Hughes, Michael C. NAME NAME 26250 COUNTY ROAD 44A 22629 White Egret Lane Eustis, F1. 32736 STREET ADDRESS STREET ADDRESS EUSTIS FL 32736 CITY-ST-ZIP CITY-ST-Z(P TD TITLE ☐ Delete TITLE Change ☐ Addition BRADY, WILLIAM D NAME NAME BRADY, WILLIAM D 25018 ROLLING OAK RD. 32844 WINDY OAK ST STREET ADDRESS STREET ADDRESS SORRENTO FL 32776 SORRENTO, FL. 32776 CITY-ST-ZIP _ TITI F ☐ Delete TITLE Change ■ Addition CONN. GEORGE R.III NAME NAME" 25102 MAGNOLIA AVENUE STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

Daytime Phone #