## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N99000005849

1. Entity Name



## FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90095 039 \*\*\*\*61.25

| Zip Country   | SEMINO                  | LE SPRINGS BAPTIST CHUR  | ICH, INC.                         |   |  |  | 31. <b>2</b> 0 |
|---|-------------------------|--|-----------------------------------|---|--|--|----------------|
| Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  Country  Cou  | 35025 HUFF              | RD   | 35025 HUFF RD                     |   |  |  |                |
| Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  Country  Cou  |                         | ·  |                                   |   |  |  |                |
| City & State  Country  City  FL  City  City  City  FL  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  City  FL  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  FL  City  City  City  FL  City  City  FL  City  City  FL  City  City  City  City  FL  City  City  City  City  City  FL  City  | 2. Principal            | Place of Business  | 3. Mailing Address                |   |  |  |                |
| Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additions   \$9.75 A | Suite, Apt. #, etc.     |  | Suite, Apt. #, etc.               |   |  | HECK HERE IF MAKING CHANGI   | ES             |
| Signature Symbol Process and Directors  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  COOLEY, COUN D 26250 COUNTY ROAD 44A EUSTIS FL 32736  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and as the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Inter Floress  Process And Directors  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  COOLEY, COUN D 26250 COUNTY ROAD 44A EUSTIS FL 32736  TITLE NAME COOLEY, COUN D 26250 COUNTY ROAD 44A EUSTIS FL 32738  TITLE NAME BRADY, WILLIAM D 26250 COUNTY ROAD 44A EUSTIS FL 32776  CONN, GEORGE R III  TO D Belete BRADY, WILLIAM D 26250 COUNTY ROAD 44A EUSTIS FL 32776  TITLE NAME BRADY, WILLIAM D 26250 COUNTY ROAD 44A EUSTIS FL 32778  TITLE NAME BRADY, WILLIAM D 26250 COUNTY ROAD 44A EUSTIS FL 32778  TITLE NAME BRADY, WILLIAM D 32844 WINDY OAK ST SORRENTO FL 327776  CONN, GEORGE R III  TO D Belete TITLE NAME STREET ALORESS CITY-ST-ZP  TO Change AME STREET ALORESS CITY-ST-ZP  CONN, GEORGE R III  STREET ALORESS CITY-ST-ZP  CONN, GEORGE R III  STREET ALORESS CITY-ST-ZP  CONN, GEORGE R III  STREET ALORESS CITY-ST-ZP   | City & State            |  | City & State                      |   | 4. FEI Number 59-3625801 Applied For   |  |                |
| 6. Name and Address of Current Registered Agent  COOLEY, COLIN D 26250 COUNTY ROAD 44A EUSTIS FL 32736  City  FL  Zip Code  8. The above named entry 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 as the obligations of registered agent.  Signature typecia plane agent and the of registered agent agent and the obligations of registered agent.  (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent.  (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent agent and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligation  | Zip                     | Country  | Zip                               | Country                                   | 5. Certificate of Stat   | tus Desired   \$8.75 A   |                |
| Name   Street Address (P.O. Box Number is Not Acceptable)   |                         | 6. Name and Address of Curren  | t Registered Agent                |   | -  | Fee Requ   | ired           |
| 26250 COUNTY ROAD 44A EUSTIS FL 32736  City FL Zip Code  8. The above named entity subpits 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 act the obligations of registered agent.  SIGNATURE  |                         |  |                                   | Name                                      | TO THE THE PERIOD OF THE PERIO | 200 Of New Hegistered Agent  | <del></del> .  |
| EUSTIS FL 32736  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. I am familiar with, and as the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUBMATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Plorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  SORRENTO FL-32776  CONN, GEORGE R III  STREET ADDRESS  CITY-ST-ZIP  CONN, GEORGE R III  STREET ADDRESS  |                         |  |                                   | Street Address (P.O. Box Number is Not Ac |  | ot Acceptable)   | <u> </u>       |
| B. 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 act the obligations of registered agent.  SIGNATURE  Signature, typed or pured neme of registered agent and title if applicable.  (NOTE: Registered Agent signature required when rematating)  DATE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Defended to Fees  Trust Fund Contribution.  Title  COOLEY, COUN D  STREET ADDRESS  SIREET ADDRESS  CITY-S1-ZIP  BRADY, WILLIAM D  SIREET ADDRESS  SORRENTO FL. 32776  CONN, GEORGE R III  STREET ADDRESS  CITY-S1-ZIP  CONN, GEORGE R III  STREET ADDRESS  CITY-S1-ZIP  CHange AMAE  STREET ADDRESS  CITY-S1-ZIP  STREET ADDRESS  CITY-S1-ZIP  CHANGE  CONN, GEORGE R III  STREET ADDRESS  CITY-S1-ZIP  CHANGE  CHAN   |                         |  |                                   |   |  |  |                |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent.  SIGNATURE Signature. Typedair private name of registered agent and site if explicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE MAME STREET ADDRESS OITY-ST-2IP  BRADY, WILLIAM D 32844 WINDY OAK ST STREET ADDRESS OCHY-ST-2IP SORRENTO FL-32776  TITLE SD CONN, GEORGE R III 25102 MAGNOLIA AVENUE EUSTIS FL 32728  CITY-ST-2IP  CONN, GEORGE R III 25102 MAGNOLIA AVENUE EUSTIS FL 32728  CITY-ST-2IP  CONN, GEORGE R III 25102 MAGNOLIA AVENUE EUSTIS FL 32728  CITY-ST-2IP  Change AMAE STREET ADDRESS CITY-ST-2IP  CHANGE STREET ADDRESS CITY-ST-2IP  CONN, GEORGE R III 25102 MAGNOLIA AVENUE EUSTIS FL 32728  CITY-ST-2IP  Change AMAE STREET ADDRESS CITY-ST-2IP  CHANGE STREET ADDRES   | · ·                     |  |                                   | City                                      |  | FL Zip Co  | ode            |
| SIGNATURE  Signature. Nypedic persed name or registered agent and title if applicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  12. COOLEY, COUIN D  28250 COUNTY ROAD 44A STREET ADDRESS CITY-ST-ZIP  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  15. Change Added to Fees  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  18. Change Added to Fees  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  18. Change Added to Fees  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  19. Change Added to Fees  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  19. Change Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  1   | 8. The above            | e named entity submits this statement f  | or the purpose of changing its    | registered office or registe              | ered agent, or both, in th   |  | h, and accept  |
| Signature. Nyedicr printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)    File NOW FEE IS \$61.25   9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make Check Payable to Florida Department of State  | the obliga              | ations of registered agent.  | •                                 |   |  |  |                |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   | SIGNATURE               | , <u></u>  |                                   |   |  |  |                |
| Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PD  |                         | Signature, typed or printed name of registered agen  | at and title if applicable. (NOTE | : Registered Agent signature require      | ed when reinstating)   | DATE   |                |
| Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PD  |                         | in the second se | 0.51                              |   |  |  |                |
| TITLE PD COOLEY, COLIN D STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32736 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME BRADY, WILLIAM D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | FILE NOW FEE IS \$61.25 |  |                                   |   |  | Make Check Payable to<br>Florida Department of State   |                |
| TITLE PD COOLEY, COLIN D STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32736 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME BRADY, WILLIAM D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | 10.                     | OFFICERS AND DI  | IRECTORS                          | 11.                                       | ADDITIONS/CHANGES  | S TO OFFICERS AND DIRECTORS  | INI 10         |
| NAME STREET ADDRESS CITY-ST-ZIP  TD BRADY, WILLIAM D 32844 WINDY OAK ST SORRENTO FL-32776  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD CONN, GEORGE R III 25TROET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | TITLE                   | PD   |                                   |   | ASSITIONO/OFIANGE  |  |                |
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| CITY-ST-ZIP SORRENTO FL-32776  CITY-ST-ZIP TITLE SD CONN, GEORGE R III STREET ADDRESS CITY-ST-ZIP CONN, GEORGE R III STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS  | NAME                    | BRADY, WILLIAM D   | _ book                            |   |  |  | □ Addition     |
| TITLE SD  |                         |  |                                   |   |  |  |                |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS EUSTIS FL 32726  Delete TITLE NAME STREET ADDRESS  |                         |  |                                   | CITY-ST-ZIP                               | in the same of the | And the second of the second o | upher -        |
| STREET ADDRESS CITY-ST-ZIP  |                         |  | Li Delete                         |   |  | ☐ Change   | ☐ Addition     |
| CITY-ST-ZIP  FUSTIS FL 32726  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  |                         |  |                                   |   |  |  |                |
| TITLE TITLE Change AC  NAME  STREET ADDRESS  STREET ADDRESS   | CITY-ST-ZIP             |  |                                   |   |  |  |                |
| NAME STREET ADDRESS STREET ADDRESS  | TITLE                   |  | ☐ Delete                          | TITLE                                     |  | ☐ Change   | Addition       |
| OTHER OF THE  |                         |  |                                   | NAME                                      |  | _ ·  |                |
| ■ DHY-SI-7P   |                         |  |                                   |   | ,  |  |                |
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| TREET ADDRESS STREET ADDRESS CITY_ST_7IP  | ı                       |  |                                   |   |  |  |                |
| 2. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.  |                         | Contifue the at the information of the state | M.3. 702                          |   |  |  |                |

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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

1-25-03

407 656 1600