

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743508 (4)

1. Corporation Name

FREEDOM BAPTIST CHURCH OF SEFFNER, INC.



Principal Place of Business

1510 S. TAYLOR RD.
SEFFNER FL 33584

Mailing Address

POST OFFICE BOX 1080
SEFFNER FL 33584

3. Date Incorporated or Qualified
07/07/1978

3a. Date of Last Report
05/12/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1930135

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAWSON, ERWIN L
242 DUQUE ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME WILSON, ROBERT C
STREET ADDRESS 801 E. CHAPMAN ROAD
CITY- ST- ZIP LUTZ FL 33549

TITLE ☒ DELETE
NAME OGLESBY, DARRELL
STREET ADDRESS 9920 E. ELUCOTT ST.
CITY- ST- ZIP TAMPA FL 33610

TITLE ☐ DELETE
NAME JUNCAL, RENEE
STREET ADDRESS 7407 CELESTE LANE
CITY- ST- ZIP TAMPA FL 33619

TITLE ☐ DELETE
NAME NEWMAN, SANDY SR.
STREET ADDRESS 216 S. TAYLOR RD.
CITY- ST- ZIP SEFFNER FL 33584

TITLE ☐ DELETE
NAME LAWSON, ERWIN L
STREET ADDRESS 242 DUQUE ROAD
CITY- ST- ZIP LUTZ FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

Date

815 648703

Daytime Phone #

CR2E037 (12/95)