

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DEPARTMENT OF CORPORATIONS

19964-19-910

B-4007 C

DOCUMENT # 711808 (6)

1. Corporation Name
PRESBYTERIAN CHURCH OF SEFFNER, INC.



Principal Place of Business: 1906 SOUTH LENNA AVENUE, P O BOX 545, SEFFNER FLORIDA 33584
Mailing Address: 1906 SOUTH LENNA AVENUE, P O BOX 545, SEFFNER FLORIDA 33584

3. Date Incorporated or Qualified: 11/16/1966
3a. Date of Last Report: 05/08/1995
4. FEI Number: 00-7118089
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**SCOTT, HELEN
509 CAULDERR PARK RD.
SEFFNER FL 33584**

10. Name and Address of New Registered Agent
81 Name: McCoy, Johanna
82 Street Address (P.O. Box Number is Not Acceptable): 2414 Kingsway Rd
83 P. O. Box 12
84 City: Seffner, FL 85 Zip Code: 33584

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: *Johanna McCoy* Johanna McCoy January 30, 1996
SIGNATURE BASED ON PRINTED NAME OF REGISTERED AGENT OR AGENTS (NOTE: Registered Agent Signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRISKNEY, ROBERT	
STREET ADDRESS	1903 LAKEVIEW AVE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OVERWAY, SPARK	
STREET ADDRESS	506 MAHOGANY DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOSTICK, DAVID	
STREET ADDRESS	1903 LAKEVIEW DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EURTON, JUDY	
STREET ADDRESS	222 BALL PARK AVE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, RON	
STREET ADDRESS	P.O. BOX 1345 N/A	
CITY-ST-ZIP	THONOTOSSASSA FL 33592	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, HELEN	
STREET ADDRESS	509 CAULDER PARK RD.	
CITY-ST-ZIP	SEFFNER FL 33584	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McCoy, Raymond	
2.3 STREET ADDRESS	2414 Kingsway Rd. P.O. Box 12	
2.4 CITY-ST-ZIP	Seffner, FL 33584	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bay, Jim	
3.3 STREET ADDRESS	803 Chess Place	
3.4 CITY-ST-ZIP	Seffner, FL 33584	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	McCoy, Johanna	
6.3 STREET ADDRESS	2414 Kingsway Rd. P.O. Box 12	
6.4 CITY-ST-ZIP	Seffner, FL 33584	

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: *Judy Eurton* Judy Eurton TD January 30, 1996 689-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (12/95)