

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711808 (6)**  
1. Corporation Name  
**PRESBYTERIAN CHURCH OF SEFFNER, INC.**



Principal Place of Business <b>1906 SOUTH LENNA AVENUE P O BOX 545 SEFFNER FLORIDA 33584</b>	Mailing Address <b>1906 SOUTH LENNA AVENUE P O BOX 545 SEFFNER FLORIDA 33584-5406</b>
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3. Date Incorporated or Qualified <b>11/16/1966</b>	3a. Date of Last Report <b>04/19/1996</b>
4. FEI Number <b>00-7118089</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**MCCOY, JOHANNA  
2414 KINGSWAY ROAD  
P.O. BOX 12  
SEFFNER FL 33584**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MCCOY, RAYMOND	
STREET ADDRESS	2414 KINGSWAY ROAD P.O. BOX 12	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAY, JIM	
STREET ADDRESS	803 CHESS PLACE	
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 type="checkbox"/> DELETE
NAME	MCCOY, JOHANNA	
STREET ADDRESS	2414 KINGSWAY ROAD P.O. BOX 12	
CITY-ST-ZIP	SEFFNER FL	

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Scott, Tom</b>
2.3 STREET ADDRESS	<b>509 Caulder Park Rd</b>
2.4 CITY-ST-ZIP	<b>Seffner FL 33584</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DVP</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_ DATE **4-12-97**

CR2E037 (9/96)