


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90002 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711808

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 33583-5406 US
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	3. Date Incorporated or Qualified 11/16/1966	4. FEI Number 00-7118089 Applied For <input type="checkbox"/> Not Applicable
23. City & State	24. Zip Country	25. Zip Country	29. Zip Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCCOY, JOHANNA 2414 KINGSWAY ROAD P.O. BOX 12 SEFFNER FL 33584		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISKNEY, ROBERT	1.2 NAME	
STREET ADDRESS	1903 LAKEVIEW AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, TOM	2.2 NAME	
STREET ADDRESS	509 CAUDLER PARK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THATCHER, DEB	3.2 NAME	
STREET ADDRESS	5210 ORANGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EURTON, JUDY	4.2 NAME	
STREET ADDRESS	222 BALL PARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RON	5.2 NAME	
STREET ADDRESS	P.O. BOX 1345 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSSASSA FL 33592	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, JOHANNA	6.2 NAME	
STREET ADDRESS	2414 KINGSWAY ROAD P.O. BOX 12	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Johanna McCoy* **SIGNATURE REQUIRED** Jan. 17, 1999 813-689-7821
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)