

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90153 005 ****61.25

DOCUMENT # 711808

1. Entity Name

PRESBYTERIAN CHURCH OF SEFFNER, INC.

Principal Place of Business

Mailing Address

1906 SOUTH LENNA AVENUE
 P O BOX 545
 SEFFNER FLORIDA 33584

1906 SOUTH LENNA AVENUE
 P O BOX 545
 SEFFNER FLORIDA 33583-0545
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

00-7118089

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOY, JOHANNA
2414 KINGSWAY ROAD
P.O. BOX 12
SEFFNER FL 33584

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRISKNEY, ROBERT	
STREET ADDRESS	1903 LAKEVIEW AVE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, TOM	
STREET ADDRESS	509 CAUDLER PARK RD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	THATCHER, DEB	
STREET ADDRESS	5210 ORANGE AVENUE	
CITY-ST-ZIP	SEFFNER FL 33584	
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	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Henderson	
STREET ADDRESS	502 US HWY 92E	
CITY-ST-ZIP	Seffner, Florida 33584	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Doyle	
STREET ADDRESS	502 Running Horse Rd.	
CITY-ST-ZIP	Seffner, Florida 33584	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Thatcher	
STREET ADDRESS	5210 Orange Avenue	
CITY-ST-ZIP	Seffner, Florida 33584	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Smith	
STREET ADDRESS	P O Box 1345	
CITY-ST-ZIP	Thonotosassa Florida 33592	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Thatcher*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)