FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:32

DOCUMENT # 715913 (0)

1. Corporation Name
COMMUNITY BAPTIST CHURCH OF SEFFNER, INC.

Principal Place of Business	Mailing Address
1407 PARK STREET BOX 175 SEFFNER FL 33584	1407 PARK STREET BOX 175 SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1969
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2167035 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (25)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WELLS, KELLER
210 MARY ELLEN
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SHEFFIELD, JOHN	1.2 NAME	D
STREET ADDRESS	121 EMILY LANE	1.3 STREET ADDRESS	Renstrom, Billy Dr.
CITY-ST-ZIP	BRANDON, FL 00000	1.4 CITY-ST-ZIP	418 Dewolf Rd. 33511
TITLE	D	2.1 TITLE	Brandon, Fla ☒ Change ☐ Addition
NAME	WACASER, ROSS	2.2 NAME	D
STREET ADDRESS	1313 ZELLWOOD AVE	2.3 STREET ADDRESS	Bryner, Brent
CITY-ST-ZIP	BRANDON, FL 33511	2.4 CITY-ST-ZIP	4391 W. Keysville Rd.
TITLE	S	3.1 TITLE	Plant City, Fla. 33566 ☐ Change ☐ Addition
NAME	WELLS, BETTY C Stays the same.	3.2 NAME	
STREET ADDRESS	210 MARY ELLEN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, KELLER Stays the same.	4.2 NAME	
STREET ADDRESS	210 MARY ELLEN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☒ Change ☐ Addition
NAME	WACASER, REGINA	5.2 NAME	T
STREET ADDRESS	1313 ZELLWOOD AVE	5.3 STREET ADDRESS	Renstrom, Ruby
CITY-ST-ZIP	BRANDON, FL 33511	5.4 CITY-ST-ZIP	418 Dewolf Rd.
TITLE		6.1 TITLE	Brandon, Fla. 33511 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Keller Wells 2-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Keller Wells (813) 689-7926
Daytime Phone #