FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(0)

COMMUNITY BAPTIST CHURCH OF SEFFNER, INC.

Principal Place of Business Mailing Address											
1407 PARK STREET 1407 PARK STREET BOX 175 BOX 175											
SEFFNER FL 33584 SEFFNER FL 33584-5045									3. Date incorporated or Qualified 01/20/1969 01/29/1996		
2. Principal Place of Business 2e. Mailing Address									4. FEI Number Applied For		
21				26					59-2167035 Not Applicable		
Suite, Apt. :	#, etc.	\vdash	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional			
22				City & State					Fee Required		
City & State			28	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip		Country	29	Zip		Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,		
24 25 9. Name and Address of Current				30					Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9, Name	SIIO AUUI 458 DI CU	Helit negi	PIGIOU NACII	·		81	Name	IV. Hairie and Address of New Registered Agent		
MELLO	VELLED.										
WELLS, KELLER 210 MARY ELLEN						-	82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
SEFFNER, FL						ŀ	83				
33584	1, 1 L						_				
JJ0771							64	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.							i by	the corpor.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE			_								
	Signature, typed	d or printed name of registere			(NOT		Age	nt signature req	equired when reinstating) DATE		
12.		OFFICERS	AND DIRE		DELETE	13.	· -		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change		
TITLE	DEMET	ROM, DR. BILLY		Ц	DEELIC	1.1 TO		ŀ	Cusinge En vocinion		
NAME STREET ADDRESS		WOLF RD		1.2 N				ADDRESS			
DOLLIDON FL 00000				· · ·				ADDRESS			
CITY-ST-ZIP TITLE	Divitor	514, 1 E 00000		П	DELETE	1.4 C/ 2.1 T/I		1-20	☐ Change ☐ Addition		
NAME	_	r, brent				2.2 NA					
STREET ADDRESS 4301 W KEYSVILLE RD								ADDRESS			
CITY-ST-ZIP		CITY FL						ST-ZIP			
TITLE	S				DELETE	3.1 10		···	Change Addition		
NAME	WELLS,	BETTY C				3.2 NA	ME				
STREET ADDRESS	210 MA	ry ellen ave				3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	SEFFNE	ER, FL 33584				3.4. C	TY-S	ST-ZIP			
TITLE	PD	•			DELETE	4.1 10	LE		Change Addition		
NAME		Keller				4. 2 N	AME				
STREET ADDRESS		ARY ELLEN AVE				4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	SEFFNE	ER, FL 33584			·			ST-ZIP			
TITLE	T			П	DELETE	5.1 TIT			☐ Change ☐ Addition		
NAME		ROM, RUBY				5.2 NA					
STREET ADDRESS		WOLF RD						ADDRESS			
CITY-ST-ZIP	BHAND	ON, FL 33511			DELETE			ST-ZIP	C Observe C Landson		
TITLE				Ц	DELETE	6.1 TI			Change Addition		
NAME .						62 N/		ļ			
STREET ADDRESS						6.3 \$1	REET	ADDRESS			

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

FILED

Jan 31 1997 8:00am

Secretary of State