FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # 715913 1. Entity Name 04-17-2001 90116 022 ****61.25 COMMUNITY BAPTIST CHURCH OF SEFFNER, INC. Principal Place of Business Mailing Address 1407 PARK STREET **BOX 175 BOX 175** SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2167035 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name John Mc Andrews Street Address (P.O. Box Number is Not Acceptable) WELLS, KELLER wood Rodel 210 MARY ELLEN SEFFNER FL 33584 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE Delete TITLE Change NAME RENSTROM, DR. BILLY NAME 1409 Bargo ST. STREET ADDRESS STREET ADDRESS 418 DEWOLF RD Plant City, Fl. 33564 CITY-ST-ZIP CITY-ST-2IP BRANDON, FL 00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BRYNER, BRENT STREET ADDRESS STREET ADDRESS 4301 W KEYSVILLE RD CITY-ST-ZIP CITY_ST-ZIP_ <u>PLANT CITY FL</u> Heather Brent TITLE Delete TITLE Change ☐ Addition 4301 w keysville Rd. NAME MELBA SHEFFIELD NAME STREET ADDRESS 812 CLEARFIELD DR. STREET ADDRESS Plant City , Fl. CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 TITI F X Delete TITLE Change ☐ Addition John Mc Andrews NAME WELLS, KELLER NAME 623 wood Road STREET ADDRESS STREET ADDRESS 210 MARY ELLEN AVE Seffner, F1. 33584 CITY-ST-ZIP CITY-ST-ZIP SEFFNER, FL 33584 TITLE □ Delete ☐ Change ☐ Addition NAME BETTY C. BRYNER NAME STREET ADDRESS STREET ADDRESS 4301 W. KEYSVILLE RD. CITY-ST-ZIP CITY-ST-ZIP PLANY CITY FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

813-882-9226 × 109