

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90002 011 \*\*\*\*61.25

**DOCUMENT # 715913**

1. Entity Name

**COMMUNITY BAPTIST CHURCH OF SEFFNER, INC.**

Principal Place of Business

Mailing Address

**1407 PARK STREET  
 BOX 175  
 SEFFNER FL 33584**

**BOX 175  
 SEFFNER FL 33584**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2167035**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**MCANDREWS, JOHN  
 623 WOOD ROAD  
 SEFFNER FL 33584**

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

*John F. McAndrews*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/6/02*

**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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BROCK, BOB B**  
 CITY-ST-ZIP **1909 BARGO ST  
 PLANT CITY FL 33568**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **BRYNER, BRENT**  
 CITY-ST-ZIP **4301 W KEYSVILLE RD  
 PLANT CITY FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **BRENT, HEATHER**  
 CITY-ST-ZIP **4301 W KEYSVILLE RD  
 PLANT CITY FL**

TITLE ☒ Change ☐ Addition  
 NAME **S Brock, Bonnie**  
 STREET ADDRESS **1909 Bargo St**  
 CITY-ST-ZIP **Plant City, FL 33566**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **MCANDREWS, JOHN**  
 CITY-ST-ZIP **623 WOOD ROAD  
 SEFFNER FL 33584**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **BETTY C. BRYNER**  
 CITY-ST-ZIP **4301 W. KEYSVILLE RD.  
 PLANT CITY FL**

TITLE ☒ Change ☐ Addition  
 NAME **Westberry, Edward**  
 STREET ADDRESS **503 Danna Street**  
 CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Bowdman, Kelly A.**  
 STREET ADDRESS **P.O. Box 515**  
 CITY-ST-ZIP **Mango, FL 33550**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/02*

Date

*685-0919*

Daytime Phone #

CR2E037 (9/01)

Attachment Docket 7/5913

2/536

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZP:

Secretary  
Brock, Bonnie  
1909 Bargo St.  
Plant City, fl. 33566

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZP:

Treasure  
Westberry, Edward  
503 Danna St.  
Brandon, Fl. 33511

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZP:

Director  
Boudreau, Kelly A.  
P.O. Box 515  
Mango, Fl. 33550