

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90447 008 ****61.25

DOCUMENT # 715913 1. Entity Name COMMUNITY BAPTIST CHURCH OF SEFFNER, INC.					
Principal Place of Business 1407 PARK STREET BOX 175 SEFFNER, FL 33584			Mailing Address 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	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCANDREWS, JOHN 623 WOOD ROAD SEFFNER, FL 33584			Name Schanz, David Street Address (P.O. Box Number is Not Acceptable) 901 W.S. 92 E. City Seffner FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>David Schanz</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-21-04</u>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, BOB B		NAME		
STREET ADDRESS	1909 BARGO ST		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33586		CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, BONNIE		NAME		
STREET ADDRESS	1909 BARGO ST.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33586		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCANDREWS, JOHN V		NAME	P/O Schanz, David	
STREET ADDRESS	623 WOOD ROAD		STREET ADDRESS	901 W.S. 92 E.	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	Seffner, FL 33584	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTBERRY, EDWARD		NAME		
STREET ADDRESS	503 DONNA ST.		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUDREAU, KELLY A		NAME	Holmes, Lorrdine	
STREET ADDRESS	PO BOX 515		STREET ADDRESS	5002 Peoples Rd.	
CITY-ST-ZIP	MANGO, FL 33550		CITY-ST-ZIP	Plant City, FL 33565	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.					
SIGNATURE: <u><i>David Schanz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-21-04</u> <small>Daytime Phone #</small>		

44036043



04192004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **Schanz, David**
 Street Address (P.O. Box Number is Not Acceptable)
901 W.S. 92 E.
 City **Seffner** **FL** Zip Code **33584**

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SIGNATURE *David Schanz* (NOTE: Registered Agent signature required when reinstating) DATE **4-21-04**

**Filing Fee is \$61.25
Due by May 1, 2004**

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\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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CITY-ST-ZIP	PLANT CITY, FL 33586	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	BROCK, BONNIE	
STREET ADDRESS	1909 BARGO ST.	
CITY-ST-ZIP	PLANT CITY, FL 33586	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCANDREWS, JOHN V	
STREET ADDRESS	623 WOOD ROAD	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	T	<input checked="" type="checkbox"/> Delete
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STREET ADDRESS	503 DONNA ST.	
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NAME	BOUDREAU, KELLY A	
STREET ADDRESS	PO BOX 515	
CITY-ST-ZIP	MANGO, FL 33550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schanz, David	
STREET ADDRESS	901 W.S. 92 E.	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holmes, Lorrdine	
STREET ADDRESS	5002 Peoples Rd.	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *David Schanz* Date **4-21-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #