## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 23, 2005 8:00 am Secretary of State **DOCUMENT # 715913** 1. Entity Name 02-23-2005 90080 006 \*\*\*\*61.25 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. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2167035 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent See ley SCHANZ, DAVID Street Address (P.O. Box Number is Not Acceptable) 901 US 92 E. 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. I am familiar with, and accept the obligations of registered agent. 1) and Seeley (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Change TITLE Addition | TITLE Delete David Seeley BROCK, BOB B NAME NAME 1909 BARGO ST 4118 Mid way Rd STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-ZIP Addition Delete **X** Change TITLE THILE BROCK, BONNIE NAME 1909 BARGO ST. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-7IP CITY-ST-ZIP PD Change ☐ Addition ☐ Delete TITLE TITLE Schanz, Dr. 901 US 926. Schoer. Fl. SCHANZ, DAVID NAME 901 US 92 E. STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP CITY-ST-7IP \* Change **Addition** TITLE Delete TITLE Holmes, Chris 5002 Peoples Rd. HOLMES, LORRDINE NAME NAME 5002 PEEPLES RD. STREET ADDRESS STREET ADORESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP Plant City, Fl 33565 ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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.

FILED