2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # 721731

1. Entity Name
FIRST MISSIONARY BAPTIST CHURCH OF SEFFNER, FLA., INC.

Principal Place of Business	Mailing Address
6720 CR 579 NO. SEFFNER, FL 33584 US	PO BOX 1745 SEFFNER, FL 33583 US

DO NOT WRITE IN THIS SPACE

03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3695644
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, HAROLD
6645 COUNTY ROAD 579 NORTH
SEFFNER, FL 33584

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	JOHNSON, ROXIE SIS
STREET ADDRESS	11504 BESSIE DIX ROAD
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	VP
NAME	GUED, BILLIE DEA
STREET ADDRESS	607 HILLPOINT WAY
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	P
NAME	WATSON, HAROLD DEA
STREET ADDRESS	6645 CR 579 NO.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	D
NAME	MCKNIGHT, HOWARD
STREET ADDRESS	1936 HILLSBOROUGH AVE.
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	AS
NAME	KIRBY, MONICA
STREET ADDRESS	709 PADDINGTON PL
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000868961
04/09/08-80029-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Harold Watson 3/19/08 813-627-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #