FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

FEB 28 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723958 (5)

1. Corporation Name

SEFFNER COMMUNITY ADVENT CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
603 S.PARSON AVENUE SEFFNER FL 33584	603 S.PARSON AVENUE SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1972
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2364128 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 603 South Parsons	26 603 S Parsons Seffner FL 33584
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Seffner FL 33527	28 City & State: Seffner FL 33584
24 Zip: 33584 25 Country: USA	29 Zip: 33584 30 Country: USA

9. Name and Address of Current Registered Agent

WARDLAW, MARGUERITE
10319 MAIN ST, #122
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name: Mary K Barber
82 Street Address (P.O. Box Number is Not Acceptable): at this address
2703 Dover Road (No Mail Delivered
83 P O Box 244
84 City: Dover FL 85 Zip Code: 33527

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary K Barber — 2/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	EDMONSON, BILL	1.2 NAME	
STREET ADDRESS	12217 OLD MORRIS BRIDGE RD	1.3 STREET ADDRESS	800001419328
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	-03/02/95--01062--009 ****130.00 ****130.00
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	POLK, LAWRENCE	2.2 NAME	
STREET ADDRESS	11331 BROADVIEW	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Clerk ☒ Change ☐ Addition
NAME	WARDLAW, MARGUERITE	3.2 NAME	Mary K Barber (2703 Dover Road *No mail del
STREET ADDRESS	10319 MAIN ST #122	3.3 STREET ADDRESS	P O Box 244 to Street Address)
CITY-ST-ZIP	THONOTOSASSA FL	3.4 CITY-ST-ZIP	Dover FL 33527
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, M. L.	4.2 NAME	
STREET ADDRESS	2715 N. DOVER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, CHYRLL	5.2 NAME	
STREET ADDRESS	2703 N. DOVER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, LEO	6.2 NAME	
STREET ADDRESS	2703 N DOVER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary K Barber — 2/7/95 — 659-1117 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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