

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723958 (5)

1. Corporation Name

SEFFNER COMMUNITY ADVENT CHRISTIAN CHURCH, INC.



Principal Place of Business

**603 S. PARSON AVENUE
SEFFNER FL 33584**

Mailing Address

**603 S. PARSON AVENUE
SEFFNER FL 33584**

3. Date Incorporated or Qualified
07/26/1972

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBER, MARY K
2703 DOVER ROAD
DOVER FL 33527**

*Mailing Address:
Mary K Barber
P O Box 244
Dover FL 33527*

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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** ☐ DELETE
NAME **EDMONSON, BILL**
STREET ADDRESS **12217 OLD MORRIS BRIDGE RD**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **POLK, LAWRENCE**
STREET ADDRESS **11331 BROADVIEW**
CITY-ST-ZIP **SEFFNER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **BARBER, MARY K**
STREET ADDRESS **2703 DOVER ROAD**
CITY-ST-ZIP **DOVER FL 33527**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **COOPER, M. L.**
STREET ADDRESS **2715 N. DOVER RD.**
CITY-ST-ZIP **DOVER FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **BARBER, CHYRL**
STREET ADDRESS **2703 N. DOVER RD.**
CITY-ST-ZIP **DOVER FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BARBER, LEO**
STREET ADDRESS **2703 N DOVER RD**
CITY-ST-ZIP **DOVER FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY K BARBER

01/28/96 *813-659-1117*
Date Daytime Phone: #

CR2E037 (12/95)