


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723958** (5)  
1. Corporation Name  
**SEFFNER COMMUNITY ADVENT CHRISTIAN CHURCH, INC.**

Principal Place of Business <b>603 S. PARSON AVENUE SEFFNER FL 33584</b>	Mailing Address <b>603 S. PARSON AVENUE SEFFNER FL 33584-4661</b>
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2. Principal Place of Business <b>21 603 S PARSONS AVE</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 P O BOX 555</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>07/26/1972</b>	3a. Date of Last Report <b>02/05/1996</b>
City & State <b>23 SEFFNER FL</b> Zip <b>24 33584</b>		City & State <b>28 DOVER FL</b> Zip <b>29 33527</b>		4. FEI Number <b>59-2364128</b>	Applied For Not Applicable
Country <b>25 HILLSBOROUGH</b>		Country <b>30 HILLSBOROUGH</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**BARBER, MARY K  
P O BOX 244  
DOVER FL 33527**

10. Name and Address of New Registered Agent	
81 Name <b>MARY K BARBER</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2703 DOVER ROAD</b>	
83	
84 City <b>DOVER</b>	85 Zip Code <b>FL 33527</b>

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMONSON, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>12217 OLD MORRIS BRIDGE RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLK, LAWRENCE</b>	2.2 NAME	
STREET ADDRESS	<b>11331 BROADVIEW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL DECEASED</b>	2.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBER, MARY K</b>	3.2 NAME	
STREET ADDRESS	<b>2703 DOVER ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOVER FL 33527</b>	3.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, M. L.</b>	4.2 NAME	
STREET ADDRESS	<b>2715 N. DOVER RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOVER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBER, CHYRL</b>	5.2 NAME	
STREET ADDRESS	<b>2703 N. DOVER RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOVER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBER, LEO</b>	6.2 NAME	
STREET ADDRESS	<b>2703 N DOVER RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOVER FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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* SIGNED

*Clerk*

*813-659-1117*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046597

CR2E037 (9/96)