

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>803 S PARSONS AVE SEFFNER FL 33584 US</b>	Mailing Address <b>P O BOX 555 DOVER FL 33527 US</b>
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2. Principal Place of Business 21 <b>603 S PARSONS AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>Seffner FL</b> Zip 24 <b>33584</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. Box 1975</b> Suite, Apt. #, etc. 27 City & State 28 <b>Seffner FL</b> Zip 29 <b>33584</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>07/26/1972</b>	
4. FEI Number <b>59-2364128</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BARBER, MARY K 2703 DOVER ROAD DOVER FL 33527</b>
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10. Name and Address of New Registered Agent 81 Name <b>Rhonda Brock</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1209 E Traphett Rd</b> 83 84 City <b>Plant City</b> FL 85 Zip Code <b>33566</b>
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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 Rhonda Brock Rhonda Brock DATE 4/27/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D EDMONSON, BILL</b>
STREET ADDRESS	<b>12217 OLD MORRIS BRIDGE RD</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>C BARBER, MARY K</b>
STREET ADDRESS	<b>2703 DOVER ROAD</b>
CITY-ST-ZIP	<b>DOVER FL 33527</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>C COOPER, M. L.</b>
STREET ADDRESS	<b>2715 N. DOVER RD.</b>
CITY-ST-ZIP	<b>DOVER FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T BARBER, CHYRL</b>
STREET ADDRESS	<b>2703 N. DOVER RD.</b>
CITY-ST-ZIP	<b>DOVER FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D BARBER, LEO</b>
STREET ADDRESS	<b>2703 N DOVER RD</b>
CITY-ST-ZIP	<b>DOVER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Clerk</b>
2.3 STREET ADDRESS	<b>Rhonda Brock</b>
2.4 CITY-ST-ZIP	<b>1209 E Traphett Rd</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Treasurer</b>
4.3 STREET ADDRESS	<b>Michelle Eyelet</b>
4.4 CITY-ST-ZIP	<b>12217 Old Morris Bridge Rd</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D James Hett</b>
5.3 STREET ADDRESS	<b>P.O. Box 1246 N/A</b>
5.4 CITY-ST-ZIP	<b>Mang, FL 33550</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Rhonda Brock Rhonda Brock DATE 4/27/98 813-612-7700

CR2E037 (10/97)