FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

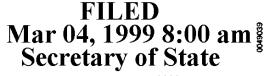
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 723958

SEFFNER COMMUNITY ADVENT CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address	
603 S PARSONS AVE SEFFNER FL 33584 US	P O BOX 1975 SEFFNER FL 33584 US	



03-04-1999 90035 035 ****61.25

Principal Place	e of Business	Mailing Address			
603 S PARSON SEFFNER FL 3		P O BOX 1975 SEFFNER FL 33584			
US SEPTIMENTE S	, , , , , , , , , , , , , , , , , , ,	US			T INDUSTRIBULIS HAND STATE LIGHT AND FOUR ALAND BOOK OF HAND BURN BURN BURN BURN BURN BURN BURN BURN
2. Principal Pl	lace of Business	2a. Mailing Address		<u> </u>	3. Date Incorporated or Qualifed
1		26			07/26/1972
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For
2		27			59-2364128 Not Applicab
City & State	e	City & State			5. Certificate of Status Desired Fee Required
3	Country	28	Cor	intry	
Zip		29	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing Trust Fund Contribution Added to Fees
4	9. Name and Address of Curre	. 	[30]	1	10. Name and Address of New Registered Agent
	Hallo and Addition of Valle			81 Name	
BROCK, R	MUNDA			82 Street Ad	Address (P.O. Box Number is Not Acceptable)
	rhonda Rapnell RD			oz Street At	ridiass (F. O. Box Istiliba is isot Accabana)
	TY FL 33566			83	Exercise Control of the Control of t
FLANT OF	H FE 30000			94 63	85 Zip Code
				84 City	FL 85 Zip Code
office or r	to the provisions of Sections 617.05 registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was ations of, Section 617.0503, F	authorized Iorida Stat	o by the corporates.	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age			Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	,	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D SPLICE OF BUILD	☐ DELETE	1.1 70		- Ortaligo
NAME	EDMONSON, BILL	ND	1.2 N		
STREET ADDRESS	12217 OLD MORRIS BRIDGE F	ا ل		TREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	☐ DELETE	1.4 C 2.1 Ti	TY-ST-ZIP	☐ Change ☐ Addi
TITLE	C C	C DELETE	- 1		
NAME	BROCK, RHONDA		2.2 N		
STREET ADDRESS	1209 S TRAPNELL RD			TREET ADDRESS	the second secon
CITY-ST-ZIP	PLANT CITY FL 33566 C	☐ DELETE	3.1 TI	TTY-ST-ZIP	☐ Change ☐ Addi
	COOPER, M. L.		3.2 N		
NAME STREET ADDRESS	2715 N. DOVER RD.			TREET ADDRESS	
	DOVER FL			CITY-ST-ZIP	
CITY-ST-ZIP TITLE	T	■ DELETE	4,1 TI	- -	T ☐ Change 🔀 Addi
NAME	EYELET, MICHELLE		4. 2 N	AME C	Shirley Burdett 5109 Suburban Drive
STREET ADDRESS		RD		TREET ADDRESS	5109 Suburban Drive
CITY-ST-ZIP	TAMPA FL 33617	-		TY-ST-ZIP	Plant City, =1. 33567
TITLE	D	☐ DELETE	5.1 T		☐ Change ☐ Addi
NAME	HETT, JAMES		5.2 N	AME	
STREET ADDRESS	P O BOX 1266 N/A		5.3 S	TREET ADDRESS	
CITY-\$T-ZIP	MANGO FL 33550	<u></u>		rry-st-zup	
TITLE	A	☐ DELETE	6.1 T		Change ☐ Addi
NAME			6.2 N	AME	
STREET ADDRESS			6.3 S	TREET ADDRESS	,
OUT OT TID			6.4 C	ITY-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 conformation 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 pranged, or or an attachment with an address, with all other like empowered.

SIGNATURE: