


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90223 033 ****61.25

DOCUMENT # 723958		
1. Entity Name SEFFNER COMMUNITY ADVENT CHRISTIAN CHURCH, INC.		

Principal Place of Business 603 S PARSONS AVE SEFFNER, FL 33584 US	Mailing Address P O BOX 1975 SEFFNER, FL 33584 US
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00002218



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03222005 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-2364128	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROCK, RHONDA 1209 E TRAPNELL RD PLANT CITY, FL 33566	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Rhonda Brock</i>	DATE 5/9/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BOYD, ESCAL 1218 MOSSY OAK DRIVE INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C BROCK, RHONDA 1209 S TRAPNELL RD PLANT CITY, FL 33566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C WEST, JOE 8713 EDNAM PLACE TAMPA, FL 33604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T HINKLY, SHANNON 3738 RED BLUFF CT LAND O LAKES, FL 34639 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HETT, JAMES P O BOX 1266 N/A MANGO, FL 33550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Treasurer Amy Brock 1209 E Trappnell Rd Plant City FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Rhonda Brock</i>	DATE 5/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 813-470-1810