


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90299 050 ****61.25

DOCUMENT # 723958	
1. Entity Name Seffner Commnuity Advent Christian Church	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 603 S. Parsons Ave	3. Mailing Address P.O. Box 1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Seffner, Florida	City & State Seffner, Florida
Zip 33584	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2364128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name Rhonda Brock	
Street Address (P.O. Box Number is Not Acceptable) 1209 E. Trapnell Road	
City Plant City	FL Zip Code 33566

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 *Rhonda Brock* DATE 5/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Rhonda Brock 1209 E. Trapnell, Plant City, FL 33566	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D James Hett P.O. Box 1266 Mango, FI 33604	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman Joe West 8713 Ednam Place Tampa, FI 33604	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Amy Brock 1209 E. Trapnell, Plant City, FI 3566	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhonda Brock* DATE 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)