


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 743508	
1. Entity Name FREEDOM BAPTIST CHURCH OF SEFFNER, INC.	

Principal Place of Business 8702 FRANKLIN RD PLANT CITY, FL 33565	Mailing Address POST OFFICE BOX 1080 SEFFNER, FL 33584
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01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1930135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAWSON, ERWIN L 242 DUQUE ROAD LUTZ, FL 33549	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, ROBERT C 801 E. CHAPMAN ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHATTGEN, ALBERT 304 W. JERSEY AVE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NEWMAN, SANDY SR. 216 S. TAYLOR RD. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT LAWSON, ERWIN L 242 DUQUE ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/16/04-80045-009 61.25

DO NOT WRITE IN THIS SPACE

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: Erwin L. Lawson ERWIN L. LAWSON 1-23-04 815 949 8819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #