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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #Corporation Name

(0)

BIBLE BAPTIST CHURCH OF SEFFNER, INC.

FILED May 13 1998 8:00am Secretary of State

| Principal Plac | ce of Business | Malling Ad | dress | | | | | | | |
|--|--|--|---------------------------------|----------------------------|------------------|--|---|------------------|--------------------------------|--|
| HWY 92 AND BRINTWOOD ROAD PO BOX 1071 SEFFNER FL 33584 | | HWY 92 AND BRINTWOOD ROAD PO BOX 1071 SEFFNER FL 33584 | | | | 3. Date Incorporated or Qualified 03/31/1980 4. FEI Number Applied For | | | | |
| | Place of Business | 2a. Mailing | Address | | | | 59-3166615 5. Certificate of Status Desired □ | 40.77 | lot Applicable Additional | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | 6. Election Campaign Financing | | Required | |
| 22 | · | 27 | | | | · · · · · · · · · · · · · · · · · · · | Trust Fund Contribution | | | |
| City & Sta | te . | <u> </u> | City & State | | | | 7. Is this nonprofit corporation a homeo | | on? | |
| Zip | Country | Zip | Zip Country | | | | 8. This corporation owes or has paid the current year intangible | | | |
| 24 | 9. Name and Address of Cur | [29] rent Registered Ad | | <u>30 </u> | | | Personal Property Tax due June 30. 10. Name and Address of New Registe | | ∐ No | |
| | 0. (Amin and (Addison of Opt. | Total Hogiston A | , one | 81 | Name | | 10. Hallo and Address of high magical | Neo Agent | | |
| | ETT, ROGER A. BAY HILLS CIR. | | | | | Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| THONO | TOSASSA FL 33592 | | | 83 | | | | | | |
| | | | | 84 | City | | , | FI 85 Zip | Code | |
| 11. Pursuant office or agent. I a | registered agent, or both, in the Sta am familiar with, and accept the ob | ate of Florida. Such ligations of, Section | change was au 617.0503, Flor | uthorized b ida Statute | y the corp s. | ooratio | ration submits this statement for the purpoin's board of directors. I hereby accept the | e appointment as | its registered s registered | |
| 12. | Signature, typed or printed name of registered | agent and title if applicable AND DIRECTORS | (NOTE: | Registered Ap | ent signature | required | d when reinetating) D/ ADDITIONS/CHANGES TO OFFICERS | ATE | DC IN 10 | |
| TITLE | PD | | DELETE | 1.1 TITLE | | | | Change | Addition | |
| NAME | TRIPLETT, ROGER A. | ' | | 1.2 NAME | | a | olmer, David | | ~ | |
| STREET ADDRESS | 10623 BAY HILLS CIR. | | | 1.3 STREE | T ADDRESS | 7 | 1626 N. Galigher Dover, FZ | 144 | | |
| CITY-ST-ZIP | THONOTOSASSA FL | | | 1.4 CITY- | ST-ZIP | | 20NEN ET | | | |
| TITLE | SD | | DELETE | 2.1 TITLE | | | <u> </u> | ☐ Change | Addition | |
| NAME | DANIELS, VIRGINIA | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 3565 S.R. 60E | | | 2.3 STREE | T ADDRESS | | | | | |
| CITY+ST-ZIP | VAL RICO FL | | NI DELETE | 2. 4 CITY | ST-ZIP | | | | T"T a day. | |
| TITLE NAME | MERRYMAN CHARLES | 1 | MI DELETE | 3.1 TITLE 3.2 NAME | | | | L Change | Addition | |
| STREET ADDRESS | 2201-87. CLOUD AVE. | | | | | | | | | |
| CITY-ST-ZIP | VAL RICO FL | | | 3.4. CITY | T ADDRESS | | | | | |
| TITLE | Palmer, Davi | 3 | DELETE | 4.1 TITLE | -31-2IF | | | ☐ Change | ☐ Addition | |
| NAME | 9626 WETaligh | - A D A | | 4. 2 NAM | : | | | | | |
| STREET ADDRESS | | | | 4.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | 1 2500 1/2 33 | 227 | | 4.4 CITY- | ST-ZIP | | | | | |
| TITLE | | | DELETE | 5.1 TITLE | | | | Change | Addition | |
| NAME | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | 5.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY- | ST-ZIP | | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | ☐ Change | Addition | |
| NAME | | | | 6.2 NAME | | | | | | |

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 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 of an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZW

5-2-98 (813) 685-8114