


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90191 022 ****61.25

DOCUMENT #751798 1. Entity Name BIBLE BAPTIST CHURCH OF SEFFNER, INC.					
Principal Place of Business HWY 92 AND BRINTWOOD ROAD PO BOX 1071 SEFFNER, FL 33584			Mailing Address HWY 92 AND BRINTWOOD ROAD PO BOX 1071 SEFFNER, FL 33584		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3166615	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRIPPLETT, ROGER A. 10623 BAY HILLS CIR. THONOTOSASSA, FL 33592				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIPPLETT, ROGER A.		NAME		
STREET ADDRESS	10623 BAY HILLS CIR.		STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA, FL 33592		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DANIEL'S, VIRGINIA		NAME	SD	
STREET ADDRESS	3565 S.R. 60E		STREET ADDRESS	Palmer, Barbara	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	9626 N. Gallagher RD. DOVER, FL 33527	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMER, DAVID		NAME		
STREET ADDRESS	9626 N GALLIGHER RD		STREET ADDRESS		
CITY-ST-ZIP	DOVER, FL 33527		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Roger Triplett</i> Roger Triplett			Date 7-5-04 Daytime Phone # (813) 685-8114		

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07042004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3166615

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

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 PD TRIPPLETT, ROGER A. 10623 BAY HILLS CIR. THONOTOSASSA, FL 33592	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD DANIEL'S, VIRGINIA 3565 S.R. 60E VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD PALMER, DAVID 9626 N GALLIGHER RD DOVER, FL 33527	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Palmer, Barbara 9626 N. Gallagher RD. DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE *Roger Triplett* **Roger Triplett** Date **7-5-04** Daytime Phone # **(813) 685-8114**