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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752347 (5)

1. Corporation Name

FIRST BAPTIST CHURCH OF SEFFNER, INC.



Principal Place of Business

Mailing Address

1204 LENNA AVENUE
PO BOX 577
SEFFNER FL 335841204 LENNA AVENUE
PO BOX 577
SEFFNER FL 33584-51403. Date Incorporated or Qualified
05/05/19803a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26 1204 Lenna Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 P.O. Box 577

City & State

City & State

23

28 Seffner, FL

Zip

Country

Zip

Country

24

25

29 33583-0577

30

5. Certificate of Status Desired ☒Applied For
Not Applicable6. Election Campaign Financing
Trust Fund Contribution ☐\$8.75 Additional
Fee Required8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOKS, LARRY
3840 MOORES LAKE RD
DOVER FL 33527

81 Name

Robert Tagliarini

82 Street Address (P.O. Box Number is Not Acceptable)

7606 W. Four Pines Rd.

83

84 City

Plant City

FL

85 Zip Code

33565-9785

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Robert S. Tagliarini

(NOTE: Registered Agent signature required when reinstating)

2/11/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TRS ☐ DELETE
NAME BOUDREAUX, BERT ANN
STREET ADDRESS 501 HILLPINE WAY
CITY-ST-ZIP BRANDON FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TRP ☒ DELETE
NAME HOOKS, LARRY
STREET ADDRESS 3840 MOORES LAKE RD
CITY-ST-ZIP DOVER FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME TRP
2.3 STREET ADDRESS Tagliarini, Robert
2.4 CITY-ST-ZIP 7606 W. Four Pines Rd.
Plant City, FL 33565-9785TITLE TRT ☐ DELETE
NAME CANNON, BARRY
STREET ADDRESS 2942 FOREST CIR
CITY-ST-ZIP SEFFNER FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 or supplemental 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 on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2/11/97

Date

Daytime Phone # 0044616

CP2E037 (9/96)