

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752347

1. Entity Name

FIRST BAPTIST CHURCH OF SEFFNER, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90102 038 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br><b>1204 LENNA AVENUE<br/>PO BOX 577<br/>SEFFNER FL 33584</b> | Mailing Address<br><b>1204 LENNA AVENUE<br/>PO BOX 577<br/>SEFFNER FL 33583-0577<br/>US</b> |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 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<br><b>59-1533338</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|

|  |  |                          |
|--|--|--------------------------|
| <b>TAGLIARINI, ROBERT</b><br><b>7606 W FOUR PINES RD</b><br><b>PLANT CITY FL 33565</b> | <b>BARRY C. CANNON</b><br><b>2942 FOREST CIRCLE</b><br><b>SEFFNER, FL. 33583</b> |                          |
|  | Name <b>BARRY C. CANNON</b>  |                          |
|  | Street Address (P.O. Box Number is Not Acceptable)<br><b>2942 FOREST CIRCLE</b>  |                          |
|  | City <b>SEFFNER</b>  | FL Zip Code <b>33583</b> |

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.

|   |                      |
|---|----------------------|
| SIGNATURE <u><i>Barry C. Cannon</i></u> | DATE <u>02-20-00</u> |
|---|----------------------|

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to</b><br><b>Department of State</b> |
|---|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TRS</b><br><b>HAAS, SHERRI</b><br><b>626 PENN NATIONAL RD</b><br><b>SEFFNER FL</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TRT</b><br><b>WIREBJER, TIM</b><br><b>6121 FALKENBUGR RD</b><br><b>TAMPA FL</b>    | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TRP</b><br><b>CANNON, BARRY</b><br><b>2942 FOREST CIR</b><br><b>SEFFNER FL</b>     | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: <u><i>Barry C. Cannon</i></u> | DATE: <u>02-20-00</u> | DAYTIME PHONE: <u>813-684-1626</u> |
|--|-----------------------|------------------------------------|

**REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)