

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 91315 025 ****61.25

DOCUMENT # 752347

1. Entity Name

FIRST BAPTIST CHURCH OF SEFFNER, INC.

Principal Place of Business

1204 LENNA AVENUE
PO BOX 577
SEFFNER FL 33584

Mailing Address

1204 LENNA AVENUE
PO BOX 577
SEFFNER FL 33583-0577
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1533338

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

~~CANNON, BARRY C~~
~~2942 FOREST CIRCLE~~
~~SUMTERVILLE FL 33585~~

7. Name and Address of New Registered Agent

Name **Brett McCranie**

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

10310 Little Creek PlaceCity **Dover**

FL

Zip Code **33527**

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

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

Brett McCranie

(NOTE: Registered Agent signature required when reinstating)

5-7-01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete
NAME **HAAS, SHERRI**
STREET ADDRESS **626 PENN NATIONAL RD**
CITY-ST-ZIP **SEFFNER FL**TITLE **T** ☐ Delete
NAME **WIREBJER, TIM**
STREET ADDRESS **6121 FALKENBUGR RD**
CITY-ST-ZIP **TAMPA FL**TITLE ☒ Delete
NAME ~~**CANNON, BARRY**~~
STREET ADDRESS ~~**2942 FOREST CIR**~~
CITY-ST-ZIP ~~**SEFFNER FL**~~TITLE **T** ☐ Delete
NAME **Brett McCranie**
STREET ADDRESS **10310 Little Creek Place**
CITY-ST-ZIP **Dover, FL 33527**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)