

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90635 036 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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

7. Name and Address of New Registered Agent

MCCRANIE, BRETT  
10310 LITTLE CREEK PLACE  
DOVER FL 33527

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TRS  
NAME HAAS, SHERRI  
STREET ADDRESS 626 PENN NATIONAL RD  
CITY-ST-ZIP SEFFNER FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRT  
NAME SLANE, CHRIS  
STREET ADDRESS 716 COADE STONE DR.  
CITY-ST-ZIP SEFFNER FL 33584

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRP  
NAME MCCRANIE, BRETT  
STREET ADDRESS 10310 LITTLE CREEK PLACE  
CITY-ST-ZIP DOVER FL 33527

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

*Brett A McRanie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04 (813) 689-4500

Date

Daytime Phone #