

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90048 002 \*\*\*\*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

03162005 Chg-NP CR2E037 (10/03)

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

**MCCRANIE, BRETT**  
**10310 LITTLE CREEK PLACE**  
**DOVER, FL 33527**

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

*Brett McCranie*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TRS** ☐ Change ☒ Addition  
NAME **Debra McCoy**  
STREET ADDRESS **10313 Littlecreek Place**  
CITY-ST-ZIP **Dover, FL 33527**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Brett McCranie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #