

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009510

FILED
Jan 09, 2006
Secretary of State

Entity Name: FMBC MINISTRIES OF SEFFNER, INC.

Current Principal Place of Business:

6720 C.R. 579 NORTH
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

6720 C.R. 579 NORTH
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 20-1544213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, LARRY D
6720 CR 579 NORTH
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, LARRY D
Address: 6720 C.R. 579 NORTH
City-St-Zip: SEFFNER, FL 33584

Title: VP () Delete
Name: KNIGHT, WILLIE
Address: 6720 C.R. 579 NORTH
City-St-Zip: SEFFNER, FL 33584

Title: TS () Delete
Name: MILLS, MONICA
Address: 6720 C.R. 579 NORTH
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY D. LEWIS

P

01/09/2006

Electronic Signature of Signing Officer or Director

Date