

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02835 (9)

1. Corporation Name

SEFFNER-THONOTOSASSA COUNCIL FOR COMMUNITY AFFAIRS, INC.



Principal Place of Business

9707 COMMODORE DRIVE  
SEFFNER FL 33584

Mailing Address

9707 COMMODORE DRIVE  
SEFFNER FL 33584

3. Date Incorporated or Qualified  
05/01/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERVIN, SAMUEL JR.  
9707 COMMODORE DR.  
SEFFNER FL 33584

(No Change)

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when constituting)

Samuel Ervin, Jr.

4/24/1996

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CAMPBELL, JAMES  
STREET ADDRESS 9720 BELEDERE DR.  
CITY-ST-ZIP SEFFNER FL

☒ DELETE

TITLE VD  
NAME SUTTON, ANNIE  
STREET ADDRESS 107 BELVEDERE DR.  
CITY-ST-ZIP SEFFNER FL

☒ DELETE

TITLE SD  
NAME CHESTER, MAGALENE  
STREET ADDRESS 9727 BELVEDERE DR.  
CITY-ST-ZIP SEFFNER FL

☒ DELETE

TITLE TD  
NAME ERVIN, ESTER  
STREET ADDRESS 9707 COMMODORE DR.  
CITY-ST-ZIP SEFFNER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

President/Director  
Mary Padgett  
9733 Belvedere Dr.  
Seffner, FL 33584

Vice President/Director  
Ervin, Jr., Samuel  
9707 Commodore Dr.  
Seffner, FL 33584

Secretary/Director  
Doris Campbell  
9727 Belvedere Dr.  
Seffner, FL 33584

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Esther L. Ervin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/1996

Date

(813) 986-1273

Daytime Phone #

CR2E037 (12/95)