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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02835** (9)

1. Corporation Name

SEFFNER-THONOTOSASSA COUNCIL FOR COMMUNITY AFFAIRS, INC.

Principal Place of Business

Mailing Address

**9707 COMMODORE DRIVE
SEFFNER FL 33584**

**9707 COMMODORE DRIVE
SEFFNER FL 33584**



3. Date Incorporated or Qualified

05/01/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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**

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

Samuel Ervin, Jr.

Samuel Ervin, Jr.

3-2-98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **PADGET, MARY**
STREET ADDRESS **9733 BELVEDERE DR**
CITY-ST-ZIP **SEFFNER FL 33584**

1.1 TITLE **President - Director** ☒ Change ☐ Addition
1.2 NAME **Samuel Ervin, Jr.**
1.3 STREET ADDRESS **9707 Commodore Drive**
1.4 CITY-ST-ZIP **Seffner, FL 33584**

TITLE **VPD** ☐ DELETE
NAME **ERVIN, SAMUEL JR**
STREET ADDRESS **9707 COMMODORE DR**
CITY-ST-ZIP **SEFFNER FL 33584**

2.1 TITLE **Vice Pres. & Director** ☒ Change ☐ Addition
2.2 NAME **Otis F. Padgett**
2.3 STREET ADDRESS **9733 Belvedere Dr.**
2.4 CITY-ST-ZIP **Seffner, FL 33584**

TITLE **SD** ☐ DELETE
NAME **CAMPBELL, DORIS**
STREET ADDRESS **9727 BELVEDERE DR.**
CITY-ST-ZIP **SEFFNER FL 33584**

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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: *Samuel Ervin, Jr.* **3-2-98** (813) 981-1273

CR2E037 (10/97)