


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90082 040 ****61.25

0049071

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N02835

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/01/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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. (NOTE: Registered Agent signature required when reinstating) DATE 1/19/1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ERVIN, JR SAMUEL	1.2 NAME	
STREET ADDRESS	9707 COMMODORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	PADGETT, OTIS	2.2 NAME	
STREET ADDRESS	9733 BELVEDERE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	CAMPBELL, DORIS	3.2 NAME	
STREET ADDRESS	9727 BELVEDERE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	ERVIN, ESTER	4.2 NAME	
STREET ADDRESS	9707 COMMODORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Esther Ervin SIGNATURE REQUESTED L. Ervin DATE 1/19/1999 DAYTIME PHONE # (813) 986-1273

CR2E037 (11/98)