

DOCUMENT # N02835

1. Entity Name

SEFFNER-THONOTOSASSA COUNCIL FOR COMMUNITY AFFAI

FILED
May 02, 2000 8:00 am
Secretary of State

03-14-2000 90040 018 ****61.25

Principal Place of Business

9707 COMMODORE DRIVE
SEFFNER FL 33584

Mailing Address

9707 COMMODORE DRIVE
SEFFNER FL 33584-6204

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

9723 Belvedere Drive

Suite, Apt. #, etc.

City & State

City & State
Seffner FL

Zip

Country

Zip

Country

33584

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Frank Chester

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

9723 Belvedere Drive

City

Seffner

FL

Zip Code

33584

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.

SIGNATURE

FRANK CHESTER

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

Frank Chester

(NOTE: Registered Agent signature required when reinstating)

31 mar 00

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ERVIN, JR SAMUEL	
STREET ADDRESS	9707 COMMODORE DR	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PADGETT, OTIS	
STREET ADDRESS	9733 BELVEDERE DR	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPBELL, DORIS	
STREET ADDRESS	9727 BELVEDERE DR.	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ERVIN, ESTER	
STREET ADDRESS	9707 COMMODORE DR.	
CITY-ST-ZIP	SEFFNER FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Frank Chester	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9723 Belvedere Dr	
STREET ADDRESS	Seffner, FL 33584	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Emma Dennard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10216 Joe Ebert Rd.	
STREET ADDRESS	Seffner FL 33584	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

FRANK CHESTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Feb 00

Date

813 986 3205

Daytime Phone #

CR2E037 (9/99)