

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 08:00**  
**Secretary of State**

**DOCUMENT # N04000002654**

1. Entity Name  
**SEFFNER COMMUNITY ALLIANCE, INC.**



Principal Place of Business  
**907 KNIGHT STREET  
SEFFNER, FL 33584**

Mailing Address  
**907 KNIGHT STREET  
SEFFNER, FL 33584**



02242007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0918089**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLOTT, TERRY  
907 KNIGHT STREET  
SEFFNER, FL 33584**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FLOTT, TERRY J  
907 KNIGHTS ST  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CASH, KEVIN  
GAMBIL PL  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GRIFFITH, DEBRA  
1010 HICKORY FORK DR  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DANET, DAWN  
605 PAWN WAY  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BENDER, GEORGENE  
211 KINGS ROW  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BEICHER, HERBERT  
617 PENN NATIONAL RD  
SEFFNER, FL 33584**

U00000763024  
05/29/07-80038-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Terry J Flott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/07* *813-689-8490*  
Date Daytime Phone #