

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721731

**Entity Name:** FIRST MISSIONARY BAPTIST CHURCH OF SEFFNER, FLA.,  
INC.

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC2003721654**

**Current Principal Place of Business:**

6720 COUNTY ROAD 579 NORTH  
SEFFNER, FL 33584

**Current Mailing Address:**

6720 COUNTY ROAD 579 NORTH  
SEFFNER, FL 33584 US

**FEI Number: 59-3695644**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WATSON, HAROLD  
6645 COUNTY ROAD 579 NORTH  
SEFFNER, FL 33584 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	VP	Title	P
Name	FAISON, ANG DEA	Name	WATSON, HAROLD DEA
Address	2905 E. EMMA	Address	6645 CR 579 NO.
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	SEFFNER FL 33584
Title	AUTHORIZED SIGNER	Title	AS, TREASURER
Name	DEXTER, WALLACE	Name	LOVE, NATHANIEL
Address	11818 MANGO GROVE BLVD	Address	1706 STAYSAIL DR
City-State-Zip:	SEFFNER FL 33584	City-State-Zip:	VALRICO FL 33594
Title	AUTHORIZED SIGNER		
Name	AIKEN, BRIAN		
Address	P O BOX 4209		
City-State-Zip:	BRANDON FL 33509		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN AIKEN**

**AUTHORIZED SIGNER**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date