

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723958

**Entity Name:** SEFFNER COMMUNITY ADVENT CHRISTIAN CHURCH, INC.**Current Principal Place of Business:**603 S PARSONS AVE  
SEFFNER, FL 33584**Current Mailing Address:**P O BOX 1975  
SEFFNER, FL 33583 US**FEI Number:** 59-2364128**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEFFNER COMMUNITY ADVENT CHRISTIAN CHURCH  
603 S PARSONS AVE  
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:** JOE A. WEST

01/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            SECY  
Name            HAVENER, PATRICIA  
Address        P O BOX 1975  
City-State-Zip: SEFFNER FL 33584

Title            TRUS  
Name            ORDIWAY, ALVIN  
Address        6404 RIVERBEND CIRCLE  
City-State-Zip: TAMPA FL 33610

Title            T  
Name            BOWYER, CHYRLL  
Address        P O BOX 1975  
City-State-Zip: SEFFNER FL 33584

Title            ELDER  
Name            HETT, JAMES  
Address        P O BOX 1266 N/A  
City-State-Zip: MANGO FL 33552

Title            CHAIRMAN  
Name            HAVENER, GARY  
Address        P O BOX 1975  
City-State-Zip: SEFFNER FL 33584

Title            STEWARD  
Name            HAVENER, KEITH  
Address        P O BOX 1975  
City-State-Zip: SEFFNER FL 33584

Title            PASTOR  
Name            HAVENER, GARY  
Address        P O BOX 1975  
City-State-Zip: SEFFNER FL 33584

Title            TRUSTEE  
Name            SERCU, BRYAN  
Address        3826 TANNER ROAD  
City-State-Zip: DOVER FL 33527

*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:** CHYRLL L BOWYER**TREASURER**

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date