

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702054 (8)
1. Corporation Name
BELL SHOALS BAPTIST CHURCH OF BRANDON, INC.



Principal Place of Business: 2102 BELL SHOALS RD. BRANDON FL 33511
Mailing Address: 2102 BELL SHOALS RD. BRANDON FL 33511

3. Date Incorporated or Qualified: 02/23/1961
3a. Date of Last Report: 03/08/1995
4. FEI Number: 59-1320590
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent
DOOZAN, CARL
822 OVERHILL DR.
BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name: HENDERSON, MATTHEW
82 Street Address (P.O. Box Number is Not Acceptable): 402 S. BRYAN CIRCLE
83
84 City: BRANDON FL 85 Zip Code: 33594

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 617.0502, Florida Statutes.

SIGNATURE: [Signature] DATE: 2-18-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: DOOZEN, CARL STREET ADDRESS: 822 OVERHILL DR. CITY-ST-ZIP: BRANDON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:
TITLE: S NAME: WILLIAMS, JAMES STREET ADDRESS: 1114 W PENINSULAR ST CITY-ST-ZIP: TAMPA F	<input type="checkbox"/> DELETE	2.1 TITLE: TRUITTS (DIRECTOR) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: JACK ROBERTS 2.3 STREET ADDRESS: 2505 BRIMHOLLOW DR. 2.4 CITY-ST-ZIP: VALRICO FL 33594
TITLE: T NAME: HENDERSON, MATTHEW STREET ADDRESS: 3801 SUNNYBANK DR CITY-ST-ZIP: VALRICO FL	<input type="checkbox"/> DELETE	3.1 TITLE: TREASURER, CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: MATTHEW HENDERSON 3.3 STREET ADDRESS: 402 S. BRYAN CIRCLE 3.4 CITY-ST-ZIP: BRANDON, FL 33594
TITLE: VP NAME: SUTTER, JACK STREET ADDRESS: 913 ACADEMY DR CITY-ST-ZIP: BRANDON FL	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: D NAME: RICHBOURG, LARRY STREET ADDRESS: 504 ROBIN HILL CR CITY-ST-ZIP: BRANDON FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: T NAME: GUNN, DONALD STREET ADDRESS: 1002 S MT CARMEL RD CITY-ST-ZIP: BRANDON FL	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] DATE: 2-18-96 DAYTIME PHONE #: (813) 689-4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)