

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
2102 BELL SHOALS RD. BRANDON FL 33511 2102 BELL SHOALS RD. BRANDON FL 33511-6606

3. Date Incorporated or Qualified 02/23/1961 3a. Date of Last Report 05/01/1996

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

4. FEI Number 59-1320590 Applied For Not Applicable  
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

9. Name and Address of Current Registered Agent  
HENDERSON, MATTHEW  
402 S. BRYAN CIRCLE  
BRANDON FL 33594

10. Name and Address of New Registered Agent  
81 Name Henderson  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK ROBERTS	1.2 NAME	JACK ROBERTS
STREET ADDRESS	2505 BRIMHOLLOW DR	1.3 STREET ADDRESS	(SAME)
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D,S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JAMES	2.2 NAME	JAMES WILLIAMS
STREET ADDRESS	1114 W PENINSULAR ST	2.3 STREET ADDRESS	(SAME)
CITY-ST-ZIP	TAMPA F	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T,C,P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, MATTHEW	3.2 NAME	MATTHEW HENDERSON
STREET ADDRESS	3801 SUNNYBANK DR	3.3 STREET ADDRESS	(SAME)
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTER, JACK	4.2 NAME	JACK SUTTER
STREET ADDRESS	913 ACADEMY DR	4.3 STREET ADDRESS	(SAME)
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	TC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW HENDERSON	5.2 NAME	LISTED TWICE
STREET ADDRESS	402 S. BRYAN CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNN, DONALD	6.2 NAME	LADUCA, NICK
STREET ADDRESS	1002 S MT CARMEL RD	6.3 STREET ADDRESS	5103 ROLLING FAIRWAY
CITY-ST-ZIP	BRANDON FL	6.4 CITY-ST-ZIP	VALRICO, FL 33594

AP 6/18/97  
BK dep 6/25

14. I do 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 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.

CR2E037 (9/96)