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May 10, 1999 8:00 am
Secretary of State

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CORPORATION
 ANNUAL REPORT
 1999



Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 702054 /OK (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

4. FEI Number
 59-1320590

Applied For
 Not Applicable

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 City & State
 Zip - Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 City & State
 Zip Country

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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

10. Name and Address of New Registered Agent

81 Name
 James Williams

82 Street Address (P.O. Box Number is Not Acceptable)
 2943 Minuteman Lane

83

84 City
 Brandon

85 FL Zip Code
 33511

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: *James O'Neal Williams*
 Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TD
NAME		1.2 NAME	Cliff B. White
STREET ADDRESS		1.3 STREET ADDRESS	2113 Arbor Oaks Dr
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Valrico, Fl. 33594
TITLE	SD	2.1 TITLE	DC
NAME	James Williams	2.2 NAME	Chester Gunn
STREET ADDRESS	2943 Minuteman Lane	2.3 STREET ADDRESS	612 Elaine Dr
CITY-ST-ZIP	Brandon, Fl. 33511	2.4 CITY-ST-ZIP	Brandon, Fl. 33511
TITLE	TCP	3.1 TITLE	D
NAME	HENDERSON, MATTHEW	3.2 NAME	Frank Gillespie
STREET ADDRESS	3801 SUNNYBANK DR	3.3 STREET ADDRESS	2216 Sherbrook Drive
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	Valrico, Fl. 33594
TITLE	D	4.1 TITLE	D
NAME	SUTTER, JACK	4.2 NAME	Tom Bock
STREET ADDRESS	913 ACADEMY DR	4.3 STREET ADDRESS	4601 Dogwood Hills Ct
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	Brandon, Fl. 33511
TITLE	D	5.1 TITLE	
NAME	LADUCA, NICK	5.2 NAME	
STREET ADDRESS	5103 ROLLING FAIRWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *James O'Neal Williams* 4.28.99 (813) 689-4229
 Signature and typed or printed name of signing officer or director Date Daytime Phone # 0046309