

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90038 008 ****70.00

DOCUMENT # 702054

1. Entity 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 33511-6699

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1320590

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JAMES
2943 MINUTEMAN LANE
BRANDON FL 33511

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **WHITE, CLIFF B**
 STREET ADDRESS **2113 ARBOR OAKS DR.**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **TD** Change Addition
 NAME **WRIGHT, CARY**
 STREET ADDRESS **2703 Brian holly Dr**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **SD** Delete
 NAME **WILLIAMS, JAMES**
 STREET ADDRESS **2943 MINUTEMAN LANE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** Change Addition
 NAME **SPANO, ROSS**
 STREET ADDRESS **5502 LINDBURG ST**
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **DC** Delete
 NAME **GUNN, CHESTER**
 STREET ADDRESS **612 ELAINE DR.**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GILLESPIE, FRANK**
 STREET ADDRESS **2216 SHERBROOK DR.**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BOCK, TOM**
 STREET ADDRESS **4601 DOGWOOD HILLS CT.**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00
 DATE

Daytime Phone #