2004 NOT-FOR-PROFIT CORPORATION

FILED Feb 12, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State DOCUMENT # 720486** 1. Entity Name 02-12-2004 90029 047 ****61.25 THE WESTMINSTER PRESBYTERIAN CHURCH OF BRANDON, FLORIDA, INC. Principal Place of Business Mailing Address 402 E. LUMSDEN ROAD 402 E. LUMSDEN ROAD **BRANDON FL 33511** BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1301155 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARDEN, HENRY R., JR. Street Address (P.O. Box Number is Not Acceptable) 614 BEVERLY DRIVE BRANDON FL 33510 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change Addition SNOOK, WALTER 136 BARRINGTON DR VARGO, MARK NAME NAME 502 EMBERWOOD DR. STREET ADDRESS STREET ADDRESS BRANDON FL BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-Z(P VD TITLE Delete TITLE ☐ Change Addition STAPLES, JOHN Eggert, JAMES NAME NAME 416 NO. BRYAN CIR. 2229 MALIBU OR STREET ADDRESS STREET ADDRESS BRANDON FL CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-7IP \overline{SD} TITLE ☐ Delete TITI F ☐ Change Addition EVANS, DIEHL NAME NAME 1004 WINCHESTER LANE STREET ADDRESS STREET ADDRESS VALRICO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME

12. Thereby 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 path; 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 attach with\an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #