

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720486**

1. Entity Name  
**THE WESTMINSTER PRESBYTERIAN CHURCH OF  
BRANDON, FLORIDA, INC.**



Principal Place of Business  
**402 E. LUMSDEN ROAD  
BRANDON, FL 33511**

Mailing Address  
**402 E. LUMSDEN ROAD  
BRANDON, FL 33511**



01282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1301155</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DARDEN, HENRY R., JR.  
614 BEVERLY DRIVE  
BRANDON, FL 33510**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re-listing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SNOOK, WALTER 136 BARRINGTON DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STAPLES, JOHN 416 NO. BRYAN CIR. BRANDON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EVANS, DIEHL 1004 WINCHESTER LANE VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EGGERT, JAMES 2229 MALIBU DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000256628  
03/09/05-80022-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 6, 2005* **813-689-6541**  
Date Daytime Phone #