


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 728337
 1. Entity Name
BRADENTON BRETHREN CHURCH INC.



Principal Place of Business
**3708 53RD AVENUE EAST
 BRADENTON, FL 34203**

Mailing Address
**3708 53RD AVENUE EAST
 BRADENTON, FL 34203**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6538577 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ADER, GLENN
 120 52ND AVE DR W
 BRADENTON, FL 34207**

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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: *Glenn Ader* **1-22-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STONE, DAVID
STREET ADDRESS	3161 MEYER DR
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	D
NAME	SOLOMON, TIM
STREET ADDRESS	4764 BREEZY PINES BLVD
CITY - ST - ZIP	SARASOTA, FL 34232
TITLE	D
NAME	HELMUTH, IRIS
STREET ADDRESS	7140 WILDERNESS LN
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	D
NAME	ADER, GLENN
STREET ADDRESS	120 52ND AVE DR W
CITY - ST - ZIP	BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/26/04-80016-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Glenn Ader* **Glenn Ader** **1-22-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #